

2001 UNIFORM BUSINESS REPORT (UBR)

0574577

DOCUMENT # F96000001338

1. Entity Name

INTERNATIONAL POST LEASING CORPORATION

FILED

01 APR 30 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 240 PEGASUS AVENUE NORTHVALE NJ 07647 US | Mailing Address 240 PEGASUS AVENUE NORTHVALE NJ 07647 US |
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| 2. Principal Place of Business 520 Broadway Suite, Apt. #, etc. 5th Floor | 3. Mailing Address 520 Broadway Suite, Apt. #, etc. 5th Floor |
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|----------------------------------|----------------------------------|
| City & State Santa Monica, CA | City & State Santa Monica, CA |
|----------------------------------|----------------------------------|

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|--------------|----------------|--------------|----------------|
| Zip 90401 | Country USA | Zip 90401 | Country USA |
|--------------|----------------|--------------|----------------|

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| 4. FEI Number 13-3872332 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

000004195270--6
-05/11/01--01029--021
****150.00 ****150.00

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|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUCK, DONALD H. 240 PEGASUS AVENUE NORTHVALE NJ 07647 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T/D David P. Beddow 520 Broadway, 5th Floor Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SHENDELL, EDWARD L. 240 PEGASUS AVENUE NORTHVALE NJ 07647 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S Marcus O. Evans 520 Broadway, 5th Floor Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPGM BESWICK, ANTHONY 235 PEGASUS AVENUE NORTHVALE NJ 07647 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Robert R. Bennett 520 Broadway, 5th Floor Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D William R. Fitzgerald 520 Broadway, 5th Floor Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/Asst. Secretary William E. Niles 520 Broadway, 5th Floor Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst. Secretary Sharon L. Meymarian 520 Broadway, 5th Floor Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon L. Meymarian
Asst. Secretary 04/13/01 (310) 434-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)