

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000001338**

1. Entity Name
INTERNATIONAL POST LEASING CORPORATION

APPROVED
AND
FILED

02 AUG -6 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**520 BROADWAY
5TH FLOOR
SANTA MONICA CA 90401
US**

Mailing Address

**520 BROADWAY
5TH FLOOR
SANTA MONICA CA 90401
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FET Number **13-3872332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700007117327--5

-08/14/02--01072--016

******550.00 ****550.00**

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BEDDOW, DAVID P 520 BROADWAY, 5TH FLOOR SANTA MONICA CA 90401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EVANS, MARCUS O 520 BROADWAY, 5TH FLOOR SANTA MONICA CA 90401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ROBERT R 520 BROADWAY, 5TH FLOOR SANTA MONICA CA 90401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, WILLIAM R 520 BROADWAY, 5TH FLOOR SANTA MONICA CA 90401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS NILES, WILLIAM E 520 BROADWAY, 5TH FLOOR SANTA MONICA CA 90401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEYMARIAN, SHARON L 520 BROADWAY, 5TH FLOOR SANTA MONICA CA 90401	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P William R. Fitzgerald 520 Broadway, 5th Floor Santa Monica, CA 90401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T George C. Platasa 520 Broadway, 5th Floor Santa Monica, CA 90401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S William E. Niles 520 Broadway, 5th Floor Santa Monica, CA 90401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jay Singh 520 Broadway, 5th Floor Santa Monica, CA 90401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Donna Cote 520 Broadway, 5th Floor Santa Monica, CA 90401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Gary L. Blaylock 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:

SIGNATURE WILLIAM E. NILES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Niles, Vice President

8-2-02 (310) 434-7000

Date

Daytime Phone #

CR2E034 (4/02)

ATTACHMENT TO
2002 UNIFORM BUSINESS REPORT FOR
INTERNATIONAL POST LEASING CORPORATION

No. 12 (Officers):

1. Gavin W. Schutz- **Addition**
Chief Technology Officer
520 Broadway, 5th Floor
Santa Monica, CA 90401
2. J. David Flemming- **Addition**
Assistant Vice President and Assistant Secretary
520 Broadway, 5th Floor
Santa Monica, CA 90401
3. Patricia Beckley- **Addition**
Assistant Vice President and Assistant Secretary
520 Broadway, 5th Floor
Santa Monica, CA 90401
4. Dustin K. Finer- **Addition**
Assistant Secretary
520 Broadway, 5th Floor
Santa Monica, CA 90401

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

Pam Wolfe

DATE:

8.6.02,

REF. #:

0173.8374

CORP. NAME:

International Post Leasing Corporation
F96-1338

☐ ARTICLES OF INCORPORATION

☐ ARTICLES OF AMENDMENT

☐ ARTICLES OF DISSOLUTION

☒ ANNUAL REPORT

☐ TRADEMARK/SERVICE MARK

☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION

☐ LIMITED PARTNERSHIP

☐ LIMITED LIABILITY

☐ REINSTATEMENT

☐ MERGER

☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION ☐ UCC-1

☐ UCC-3

☐ OTHER:

RECEIVED
02 AUG -6 AM 10:19
DIVISION OF CORPORATION

STATE FEES PREPAID WITH CHECK # 029822 FOR \$ 550.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

☐ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY