FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # **F96000006569 (5)**

1. Corporation Name
SARATOGA LEASING CORPORATION

Principal Place of Business	Mailing Address
1200 CORPORATE CENTER WAY. SUITE 202 WEST PALM BEACH FL 33414	1200 CORPORATE CENTER WAY. SUITE 202 WEST PALM BEACH FL 33414-2108

3. Date Incorporated or Qualified	**3a.** Date of Last Report
12/16/1996	

2. Principal Place of Business		**2a.** Mailing Address		**4.** FEI Number		
21		**26**		**65-0701111**	Applied For	Not Applicable
22 Suite, Apt. #, etc.		**27** Suite, Apt. #, etc.		**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required	
23 City & State		**28** City & State		**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	
24 Zip	**25** Country	**29** Zip	**30** Country	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent	
FIRESTONE, MATTHEW 1200 CORPORATE CENTER WAY, SUITE 202 WEST PALM BEACH FL 33414	**81** Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PDST** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **FIRESTONE, MATTHEW**		1.2 NAME	
STREET ADDRESS **1200 CORPORATE CENTER WAY, SUITE 202**		1.3 STREET ADDRESS	
CITY-ST-ZIP **WEST PALM BEACH FL 33414**		1.4 CITY-ST-ZIP	
TITLE **CVD** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **SMTZ, WILLIAM D**		2.2 NAME	
STREET ADDRESS **ONE PALMER SQUARE, SUITE 530**		2.3 STREET ADDRESS	
CITY-ST-ZIP **PRINCETON NJ 08542**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: