FILED

Sep 17, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) F97000004826 **DOCUMENT #** 1. Entity Name 09-17-2001 90147 025 ***550.00 NATIONAL AUTO LEASE, INC. 13725 Beach Blod. Principal Place of Business Mailing Address 9077 MAIN ST. STEII B0065526 HILLIAND ON 43828 HILLIAND OH 42000 Jackson rule, Fla (155) Principal Place of Business 4090 HOOVER Beach Blvd DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 31-1483308 GROVE Not Applicable **\$8.75** Additional 6. Certificate of Status Desired Fee Georgiand 7. Name and Address of New Registered Agent MCCABE, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 121 BIMENI CT. PONTE VEDRA BEACH FL 32062 Zip Code City nts this statement for the pylogograf changing its registered office or registered agent, or both, in the State of Florida 9-10-0 (NOTE: Registered Apent proneture required when reinstating) WIT PRETIS BELLOG 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be 12, 8001 File Ivill 85 \$79500. Tax filling requirement and elects to do so. \Box Trust Fund Contribution. (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PDC ☐ Addition ☐ Change ☐ Oelete TITLE MAME ROPER, STEVEN W NAME STREET ADDRESS 2382 CLOVER BLOSSOM CT. STREET ADDRESS CITY-ST-ZIP **GROVE CITY OH 43123** CITY - ST - 71P TITLE **VDC** ☐ Celete TITLE ☐ Change ☐ Addition NAME MCCABE, THOMAS J NAME STREET ADDRESS 121 BIMBNI CT. STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32081 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Adoltion NAME MCCABE, JEFFREY NAME STREET ADDRESS STREET ADDRESS 303 HIGHMEADOW VILLAGE DR. City-ST-ZIP POWELL OH 43065. CITY-ST-2IP TITLE C Delete BELL Change ☐ Addition ROPER, JOE R NAME NAME 5388 MEADOW GROVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZP **GROVE CITY OH 43123** CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP THILE Delete TITLE Change ☐ Addition NAME MALK STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the symptom stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this report or suppliemental report is true and accurate and that my significant shall have the same legal effect as if made under ostit; that I am an officer or director of the corporation or the receiver or trosted empowered to execute this seport as sequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changing or on a statement with a director. changed, or on an attachment with,

SIGNATURE

O OFFICER OF DIRECTOR

NATIONAL AUTO LEASE, INC.

Altochmen) OHF970000-1826 BUOLOSS26

INSTRUCTIONS FOR FILING FORM UBR FLORIDA UNIFORM BUSINESS REPORT

For the year ended 2000

SIGNATURE(S) AND DATE

This return should be signed and dated by an Officer of Corporation.

AMOUNT OF FILING FEE TO BE

PAID WITH REPORT

\$ 550.00

MAKE REMITTANCE PAYABLE TO

DEPARTMENT OF STATE

MAIL RETURN TO

Division of Corporations Uniform Business Report Filing P.O. Box 1500 Tallahassee, FL 32302-1500

TO BE FILED BEFORE THE DUE DATE

September 12, 2001

This instruction sheet, and the attached copy are yours to keep for your records. If you have any questions, please do not hesitate to contact us.