

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005920

1. Entity Name

CRESTAR LEASING CORPORATION

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90072 005 \*\*\*150.00

Principal Place of Business

Mailing Address

120 E. BALTIMORE ST., 23RD FL.  
BALTIMORE MD 21202

120 E. BALTIMORE ST., 23RD FL.  
BALTIMORE MD 21202-1674

2. Principal Place of Business

3. Mailing Address

120 E BALTIMORE ST.

120 E BALTIMORE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

24<sup>th</sup> FLOOR

24<sup>th</sup> FLOOR

City & State

City & State

BALTIMORE MD

BALTIMORE

Zip

Country

Zip

Country

MD 21202

US

21211

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-0904325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$3.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME MCKEW, DANIEL  
STREET ADDRESS 120 E. BALTIMORE ST., 23RD FL.  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME POWERS, MICHAEL  
STREET ADDRESS 120 E. BALTIMORE ST., 23RD FL.  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASD ☐ Delete  
NAME RIGSBY, LINDA  
STREET ADDRESS 919 E. MAIN ST.  
CITY-ST-ZIP RICHMOND VA 23219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ECKIS, THOMAS  
STREET ADDRESS 919 E. MAIN ST.  
CITY-ST-ZIP RICHMOND VA 23219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HILL, CHARLES T  
STREET ADDRESS 919 E. MAIN ST.  
CITY-ST-ZIP RICHMOND VA 23219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME DAVIS, SUSAN K  
STREET ADDRESS 919 E. MAIN ST.  
CITY-ST-ZIP RICHMOND VA 23219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)