

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 032 ***150.00

DOCUMENT # F97000006934

1. Corporation Name

UNIVERSAL COMMERCIAL CREDIT LEASING, INC.

Principal Place of Business

300 DELWARE AVE
SUITE 571
WILMINGTON DE 19801
US

Mailing Address

300 DELAWRE AVE
SUITE 571
WILMINGTON DE 19801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1997

4. FEI Number

13-3980833

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME LEHODEY, JOHN
STREET ADDRESS 2 OVERHILL ROAD SUITE 420
CITY-ST-ZIP SCARSDALE NY 10583

TITLE V ☐ DELETE

NAME CROZIER, BARRY A
STREET ADDRESS 300 DELAWARE AVE., SUITE 571
CITY-ST-ZIP WILMINGTON DE 19801

TITLE V ☐ DELETE

NAME CONNER, EILEEN
STREET ADDRESS 300 DELAWARE AVE., SUITE 571
CITY-ST-ZIP WILMINGTON DE 19801

TITLE VD ☐ DELETE

NAME COHEN, BENJAMIN
STREET ADDRESS TOUR MAINE MONTPARNASSE 33 AVENUE DUMAINE
CITY-ST-ZIP PARIS FR 75755

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 245 PARK AVENUE
1.4 CITY-ST-ZIP NEW YORK, NY 10167

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 300 Delaware Ave., Suite 571
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME EILEEN T. CONNER
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 75755 PARIS CEDEX 15 FRANCE
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME S/T/D/V
5.3 STREET ADDRESS DAN BERRY
5.4 CITY-ST-ZIP 245 PARK AVENUE
NEW YORK, NY 10167

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Barry A Crozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 302-427-7608

CR2E034 (11/98)

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