


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90020 009 \*\*\*150.00

<b>DOCUMENT # F97000006934</b>	
1. Entity Name <b>UNIVERSAL COMMERCIAL CREDIT LEASING, INC.</b>	

Principal Place of Business <b>14651 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254 US</b>	Mailing Address <b>14651 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254 US</b>
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**94045242**



2. Principal Place of Business <b>300 DELAWARE AVENUE</b>	3. Mailing Address <b>4001 INTERNATIONAL PKWY</b>
Suite, Apt. #, etc. <b>SUITE 571</b>	Suite, Apt. #, etc.

03232004 Chg-P CR2E034 (10/03)

City & State <b>WILMINGTON, DE</b>	City & State <b>CARROLLTON, TX</b>
Zip <b>19801</b>	Zip <b>75007</b>
Country	Country

4. FEI Number <b>13-3980833</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN-FRANCOIS, MALJEAN 245 PARK AVE NEWYORK, NY 10167 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGES LEMENER 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CROZIER, BARRY A 300 DELAWARE AVE., SUITE 571 WILMINGTON, DE 19801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CONNER, EILEEN T 300 DELAWARE AVE., SUITE 571 WILMINGTON, DE 19801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/TREASURER DARRELL K LANE 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BENJAMIN TOUR MAINE MOUNTPARMASSE 33 AVE. DU MAINE PARIS, FR 75755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROTOKOWICZ, DANIEL 300 DELAWARE AVE 571 WILMINGTON, DE 19801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OLIVIER POIKOT 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>BARRY A. CROZIER</b>	<b>BARRY A. CROZIER</b>	<b>3/25/04</b>	<b>(302) 427-7608</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #