


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90325 017 ***150.00

DOCUMENT # F97000006934		
1. Entity Name UNIVERSAL COMMERCIAL CREDIT LEASING, INC.		

Principal Place of Business 300 DELAWARE AVE., STE 571 WILMINGTON, DE 19801 US	Mailing Address 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 US
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14000784



2. Principal Place of Business		3. Mailing Address 300 Delaware Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 571	
City & State		City & State Wilmington DE	
Zip	Country	Zip	Country
		19801	USA

04132005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
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. 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P IEMENER, GEORGES 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEMENGR, GEORGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 International Parkway (Carrollton, TX 75007)
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	VPT LANE, DARRELL K 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	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	D POIROT, OLIVER 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05

302-477-7608