

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 035 \*\*\*150.00

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1. Corporation Name

UNIVERSAL COMMERCIAL CREDIT LEASING II, INC.

Principal Place of Business

300 DELAWARE AVENUE, STE 571  
WILMINGTON DE 19801

Mailing Address

300 DELAWARE AVENUE, STE 571  
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

~~APPLIED FOR~~ 52-2075512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

85 Zip Code

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME LEHODEY, JOHN  
STREET ADDRESS 300 DELAWARE AVE., STE 571  
CITY-ST-ZIP WILMINGTON DE

1.1 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 245 PARK AVENUE  
14 CITY-ST-ZIP NEW YORK, NY 10167

TITLE STD ☒ DELETE

NAME SOKOLIK, RANDY  
STREET ADDRESS 300 DELAWARE AVE., STE 571  
CITY-ST-ZIP WILMINGTON DE

2.1 TITLE ☐ Change ☒ Addition

22 NAME DAN BERRY  
23 STREET ADDRESS 245 PARK AVENUE  
2.4 CITY-ST-ZIP NEW YORK, NY 10167

TITLE VAS ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME BENJAMIN COHEN  
5.3 STREET ADDRESS TOUR MAINE MONTPARNASSE 33, AVENUE OUMAINE  
5.4 CITY-ST-ZIP 75755 PARIS, CEDEX 15 FRANCE

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

1/18/99

302-427-7608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)