

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000321

1. Entity 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 19801-1607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 PD ☐ Delete
NAME LEHODEY, JOHN
STREET ADDRESS 245 PARK AVE
CITY-ST-ZIP NEW YORK NY 10167

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

TITLE STDV ☐ Delete
NAME BERRY, DAN
STREET ADDRESS 245 PARK AVE
CITY-ST-ZIP NEW YORK NY 10167

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

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

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

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

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

TITLE VD ☐ Delete
NAME COHEN, BENJAMIN
STREET ADDRESS MONTPARNASSE 33 AVE OU MAINE
CITY-ST-ZIP 75755 PARIS CEDEX LS FRANCE

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Montparnasse 33 Ave Du Maine
CITY-ST-ZIP 75755 Paris, Cedex 15 France

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

3/22/00

302 427-7608



DO NOT WRITE IN THIS SPACE

52-2075512

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (9/99)