

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000321

1. Entity Name  
UNIVERSAL COMMERCIAL CREDIT LEASING II, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90076 018 \*\*\*150.00

Principal Place of Business  
300 DELAWARE AVENUE, STE 571  
WILMINGTON DE 19801

Mailing Address  
300 DELAWARE AVENUE, STE 571  
WILMINGTON DE 19801

00011933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2075512

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2001 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  
NAME ~~LEHODEY, JOHN~~ ☒ Delete  
STREET ADDRESS 245 PARK AVE  
CITY-ST-ZIP NEW YORK NY 10167

TITLE PD  
NAME JEAN-FRANCOIS MALJEAN ☐ Change ☒ Addition  
STREET ADDRESS 245 PARK AVE  
CITY-ST-ZIP NEW YORK, NY 10167

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS TOUR MAINE MONTARNASSE 33  
CITY-ST-ZIP AVE. DU MAINE  
75755 PARIS, CEDEX 15 FRANCE ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (10/00)