

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90058 011 \*\*\*150.00

<b>DOCUMENT # F98000000321</b> 1. Entity Name UNIVERSAL COMMERCIAL CREDIT LEASING II, INC.			
Principal Place of Business 14651 DALLAS PARKWAY STE 500 DALLAS, TX 75254		Mailing Address 14651 DALLAS PARKWAY STE 500 DALLAS, TX 75254	
2. Principal Place of Business <b>300 DELAWARE AVENUE</b> Suite, Apt. #, etc. <b>SUITE 571</b> City & State <b>WILMINGTON, DE</b> Zip Country <b>19801</b>		3. Mailing Address <b>4001 INTERNATIONAL PKWY</b> Suite, Apt. #, etc. City & State <b>CARROLLTON, TX</b> Zip Country <b>75007</b>	
4. FEI Number <b>52-2075512</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALJEAN, JEAN F 245 PARK AVE NEW YORK, NY 10167	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGES LE MENER 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CROZIER, BARRY 300 DELAWARE AVE., STE 571 WILMINGTON, DE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/TREASURER DARREIL K. LANE 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BENJAMIN TOUR ME MONTPARNASSE 33 AVE DUE MAINE PARIS, CEDEX 15 FRANCE, FR 75755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OLIVIER POIROT 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROTOKOWICZ, DANIEL 300 DELAWARE AVE STRW 671 WILMINGTON, DE 19801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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: <u>Barry A. Crozier</u> <b>BARRY A. CROZIER</b>		Date <u>3/25/04</u> Daytime Phone # <u>(302) 427-7608</u>	