

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90062 024 \*\*\*150.00

**DOCUMENT # F98000000321**

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



Principal Place of Business  
**300 DELAWARE AVE.  
STE. 571  
WILMINGTON, DE 19801**

Mailing Address  
**300 DELAWARE AVE, #571  
WILMINGTON, DE 19801**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007

Chg-P

CR2E034 (12/06)

4. FEI Number

**52-2075512**

Applied For

Not Applicable

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**

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **LE MENER, GEORGES**  
STREET ADDRESS **4001 INTERNATIONAL PKWY.**  
CITY-STATE-ZIP **CARROLLTON, TX 75007**

TITLE **P/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE **VIS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **VT** ☐ Delete  
NAME **LANE, DARELL K**  
STREET ADDRESS **300 DELAWARE AVE., STE. 571**  
CITY-STATE-ZIP **WILMINGTON, DE 19801**

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

TITLE **VP** ☐ Delete  
NAME **PROTOKOWICZ, DANIEL**  
STREET ADDRESS **300 DELAWARE AVE STRW 671**  
CITY-STATE-ZIP **WILMINGTON, DE 19801**

TITLE **V** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **POIROT, OLIVIER**  
STREET ADDRESS **4001 INTERNATIONAL PKWY.**  
CITY-STATE-ZIP **CARROLLTON, TX 75007**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Barry A. Crozier*

**4-10-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #