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

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90058 034 ***150.00

DOCUMENT # F98000001951 1. Corporation Name

UNIVERSAL COMMERCIAL CREDIT LEASING III, INC.

Principal Place of Business

Mailing Address

|--|--|--|--|

300 DELAWARE AVENUE, SUITE 571 WILMINGTON DE 19801	300 DELAWARE AVENUE. SUITE 571 WILMINGTON DE 19801			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					04/03/1998			
2. Principal Place of Business	2a. Mailing Add	dress			4. FEI Number	-	Applied For	
11	26				51-0379843		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		75 Additional ee Required	
City & State	& State City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23	·	Zip Country			Trust Fund Contribution			
Zip Country	Zip	30	untry		 This corporation owes the current year in Personal Property Tax. 	tangible Yes		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				Agent				
CORPORATION CERUICE COMPANIO	,		81	Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525		83						
			84	City		85	Zip Code	

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		NOTE D		equired when reinstating) DATE		
	Signature, typed or printed name of registered agent and title if applicat		gistered Agent signature r	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	28 IN 12
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		(Z) Change	☐ Addition
NAME	LEHODEY, JOHN		1.2 NAME			
STREET ADDRESS	300 DELAWARE AVENUE, SUITE 571		1.3 STREET ADDRESS	245 PARKAVENUE		
CITY-ST-ZIP	WILMINGTON DE 19801		14 CITY-ST-ZIP	NOWYORK, NY 10167		
TITLE	DST	X DELETE	2.1 TITLE	3/T/D/V	Change	Addition
NAME	SOKOLIK, RANDY		2.2 NAME	DAN BERRY	٠	
STREET ADDRESS	300 DELAWARE AVENUE, SUITE 571			245 PACK AUENUE		
CITY-ST-ZIP	WILMINGTON DE 19801		2. 4 CITY-ST-ZiP	NEW YORK,NY 10167	·	
TITLE	VAS	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	CROZIER, BARRY		3.2 NAME			
STREET ADDRESS	300 DELAWARE AVENUE, SUITE 571		3.3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE 19801		3.4. CITY-ST-ZIP			
TITLE	٧	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	CONNER, EILEEN		4. 2 NAME			
STREET ADDRESS	300 DELAWARE AVENUE, SUITE 571		4.3 STREET ADDRESS			
CiTY-ST-ZIP	WILMINGTON DE 19801		4.4 CITY-ST-ZIP			
TITLE	V	☐ DETELE	5.1 TITLE	V/D	Change	☐ Addition
NAME.	COHEN, BENJAMIN		5.2 NAME			
STREET ADDRESS	300 DELAWARE AVENUE, SUITE 571		5.3 STREET ADDRESS	TOUR MAINE MONTPARNASSE 33/A	evue bu Mi	I'NE
CITY-ST-ZIP	WILMINGTON DE 19801		5.4 CITY-ST-ZIP	75755 PARLS, CEDEX 15 FRANCE		
TITLE		DELETE	6.1 TITLE	·	Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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:

302-427-7668