

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90062 011 \*\*\*150.00

05/8/2002 AT

DOCUMENT # F98000001951

1. Entity Name

UNIVERSAL COMMERCIAL CREDIT LEASING III, INC.

Principal Place of Business

300 DELAWARE AVENUE, SUITE 571  
WILMINGTON DE 19801

Mailing Address

300 DELAWARE AVENUE, SUITE 571  
WILMINGTON DE 19801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

51-0379843

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



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, 2002 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 JEAN FRANCOIS, MALJEAN  
STREET ADDRESS 245 PARK AVE  
CITY-ST-ZIP NEWYORK NY 10167

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

TITLE STDV ☒ Delete  
NAME BERRY, DAN  
STREET ADDRESS 245 PK AVE.  
CITY-ST-ZIP NEW YORK NY 10167

TITLE V.P. & TREASURER ☐ Change ☒ Addition  
NAME OLIVIER POIROT  
STREET ADDRESS 245 PARK AVENUE  
CITY-ST-ZIP NEW YORK, NY 10167

TITLE VAS ☐ Delete  
NAME CROZIER, BARRY  
STREET ADDRESS 300 DELAWARE AVENUE, SUITE 571  
CITY-ST-ZIP WILMINGTON DE 19801

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 19801

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

TITLE VD ☐ Delete  
NAME COHEN, BENJAMIN  
STREET ADDRESS 75755 MAINE MONTJORNASEE 33, AVE DU MAINE  
CITY-ST-ZIP 75755 PARIS CEDEX FR

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS TOUR MAINE Montparnasse 33, Avenue 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 #

3/22/02 (302) 427-7608

CR2E034 (9/01)