


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90049 005 ***150.00

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 14561 DALLAS PARKWAY STE. 500 DALLAS, TX 75240		
2. Principal Place of Business			3. Mailing Address 4001 INTERNATIONAL PARKWAY		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State CARROLLTON, TX		
Zip	Country	Zip	Country	4. FEI Number 51-0379843	
75007				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 JEAN FRANCOIS, MALJEAN 245 PARK AVE NEWYORK, NY 10167	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID O'SHAUGHNESSY 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CONNOR, EILEEN 300 DELEWARE AVENUE STE 571 WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DARRELL K. LANE 300 DELAWARE AVENUE # 571 WILMINGTON, DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CROZIER, BARRY 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CONNER, EILEEN 300 DELAWARE AVE STE 571 WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIEL PROTOCKOWICZ 300 DELAWARE AVENUE # 571 WILMINGTON, DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, BENJAMIN TOUR MAINE MONT-PARNASSE 33, AVE DUE MAINE PARIS, CEDEX 15, FR 75755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID O'SHAUGHNESSY 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>Samy A. Crozier</u> 3/11/04 (302) 427-7608					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94033446



03042004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0379843

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

7. Name and Address of New Registered Agent

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 _____

DATE _____

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID O'SHAUGHNESSY 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DARRELL K. LANE 300 DELAWARE AVENUE # 571 WILMINGTON, DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: Samy A. Crozier 3/11/04 (302) 427-7608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #