FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90517 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001951

1. Entity Name
UNIVERSAL COMMERCIAL CREDIT LEASING III, INC.

11004068

Principal Place of Business	Mailing Address
14561 DALLAS PARKWAY STE. 500 DALLAS, TX 75240	14561 DALLAS PARKWAY STE. 500 DALLAS, TX 75240

2. Principal Place of Business	3. Mailing Address
300 DELAWARE AVE.	
Suite, Apt. #, etc. STE. 571	Suite, Apt. #, etc.
City & State WILMINGTON, DE	City & State
Zip / Country 19801	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0379843 ☐ 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 ROAD 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JEAN FRANCOIS, MALJEAN 245 PARK AVE NEWYORK, NY 10167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT POIROT, OLIVIER 245 PK AVE. NEW YORK, NY 10167	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS CROZIER, BARRY 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONNER, EILEEN 300 DELAWARE AVE STE 571 WILMINGTON, DE 19801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CONNER, EILEEN 300 DELAWARE AVE, STE 571 WILMINGTON, DE 19801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COHEN, BENJAMIN TOUR MAINE MONTPARNASSE 33, AVE DUE MAINE PARIS, CEDEX 16, FR 75755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Barry A. Crozier 4/10/03 (302) 427-7608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #