

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 033 ***150.00

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DOCUMENT # F98000002075

1. Corporation Name

UNIVERSAL COMMERCIAL CREDIT LEASING IV, INC.

Principal Place of Business

300 DELAWARE AVE., STE. 571
WILMINGTON DE 19801

Mailing Address

300 DELAWARE AVE., STE. 571
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

51-0379844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEHODEY, JOHN	
STREET ADDRESS	300 DELAWARE AVE., STE. 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SOKOLJ, RANDY	
STREET ADDRESS	300 DELAWARE AVE., STE. 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	CROZIER, BARRY	
STREET ADDRESS	300 DELAWARE AVE., STE. 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONNER, EILEEN	
STREET ADDRESS	300 DELAWARE AVE., STE. 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COHEN, BENJAMIN	
STREET ADDRESS	300 DELAWARE AVE., STE. 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	PROTOKOWICZ, DANIEL	
STREET ADDRESS	300 DELAWARE AVE., STE. 571	
CITY-ST-ZIP	WILMINGTON DE 19801	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	245 PARK AVENUE
1.4 CITY-ST-ZIP	NEW YORK, NY 10167
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/T/D/V
2.3 STREET ADDRESS	DAN BERRY
2.4 CITY-ST-ZIP	245 PARK AVENUE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D
5.3 STREET ADDRESS	TOUR MAINE MONTPARNASSE 33, AVENUE DU MAINE
5.4 CITY-ST-ZIP	75755 PARIS CEDEX 15 FRANCE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry A. Crozier

1/18/99

302-427-7608

CR2E034 (1/198)