

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90033 030 ***150.00

DOCUMENT # F98000002075

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



Principal Place of Business
**14651 DALLAS PARKWAY
STE. 500
DALLAS, TX 75254**

Mailing Address
**14651 DALLAS PARKWAY
STE. 500
DALLAS, TX 75254**

2. Principal Place of Business
4001 INTERNATIONAL PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
4001 INTERNATIONAL PARKWAY
Suite, Apt. #, etc.



03022004 Chg-P CR2E034 (10/03)

City & State
CARROLLTON, TX
Zip
75007

Country

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CARROLLTON, TX
Zip
75007

Country

4. FEI Number
51-0379844

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 RD.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **MALJEAN, JEANFRANCOIS**
STREET ADDRESS **245 PARK AVE**
CITY-ST-ZIP **NEW YORK, NY 10167**

TITLE **VAS** ☐ Delete
NAME **CROZIER, BARRY**
STREET ADDRESS **300 DELAWARE AVE., STE. 571**
CITY-ST-ZIP **WILMINGTON, DE 19801**

TITLE **VT** ☒ Delete
NAME **CONNER, EILEEN**
STREET ADDRESS **300 DELAWARE AVE., STE. 571**
CITY-ST-ZIP **WILMINGTON, DE 19801**

TITLE **D** ☐ Delete
NAME **COHEN, BENJAMIN**
STREET ADDRESS **MONTARNASSEE 33, AVE DU MAINE**
CITY-ST-ZIP **75755 PARIS, CEDEX 15, FR**

TITLE **VP** ☐ Delete
NAME **PROTOKOWICZ, DANIEL**
STREET ADDRESS **300 DELAWARE AVE., STE. 571**
CITY-ST-ZIP **WILMINGTON, DE 19801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **F** ☒ Change ☐ Addition
NAME **GEORGES LE MENER**
STREET ADDRESS **4001 INTERNATIONAL PARKWAY**
CITY-ST-ZIP **CARROLLTON, TX 75007**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1011 CENTRE RD, SUITE 310**
CITY-ST-ZIP **WILMINGTON, DE 19805**

TITLE **VT** ☒ Change ☐ Addition
NAME **DARRELL K. LANE**
STREET ADDRESS **1011 CENTRE RD, SUITE 310**
CITY-ST-ZIP **WILMINGTON, DE 19805**

TITLE **D** ☐ Change ☒ Addition
NAME **OLIVIER POIROT**
STREET ADDRESS **4001 INTERNATIONAL PARKWAY**
CITY-ST-ZIP **CARROLLTON, TX 75007**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1011 CENTRE RD, SUITE 310**
CITY-ST-ZIP **WILMINGTON, DE 19805**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry A. Coggin

3/25/04

301-225-0600