

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90315 005 ***150.00

DOCUMENT # F98000002075					
1. Entity Name UNIVERSAL COMMERCIAL CREDIT LEASING IV, INC.					
Principal Place of Business 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007			Mailing Address 4001 INTERNATIONAL PARKWAY STE. 500 CARROLLTON, TX 75007		
2. Principal Place of Business 300 Delaware Avenue Suite, Apt. #, etc. 571 City & State Wilmington DE Zip 19801 Country USA		3. Mailing Address 300 Delaware Avenue Suite, Apt. #, etc. 571 City & State Wilmington DE Zip 19801 Country			
4. FEI Number 51-0379844				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04132005 Chg-P CR2E034 (10/03)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LE MENER, GEORGES STREET ADDRESS 4001 INTERNATIONAL PARKWAY CITY-ST-ZIP CARROLLTON, TX 75007	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VAS NAME CROZIER, BARRY STREET ADDRESS 1011 CENTRE RD., SUITE 310 CITY-ST-ZIP WILMINGTON, DE 19805	<input type="checkbox"/> Delete		TITLE V&S NAME CROZIER BARRY STREET ADDRESS 300 Delaware Avenue, Suite 571 CITY-ST-ZIP Wilmington, DE 19801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME LANE, DARRELL K STREET ADDRESS 1011 CENTRE RD., SUITE 310 CITY-ST-ZIP WILMINGTON, DE 19805	<input type="checkbox"/> Delete		TITLE VT NAME LANE, DARRELL STREET ADDRESS 300 Delaware Avenue, Suite 571 CITY-ST-ZIP Wilmington, DE 19801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COHEN, BENJAMIN STREET ADDRESS MONTFARNASSEE 33, AVE DU MAINE CITY-ST-ZIP 75755 PARIS, CEDEX 15, FR	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PROTOKOWICZ, DANIEL STREET ADDRESS 1011 CENTRE RD., SUITE 310 CITY-ST-ZIP WILMINGTON, DE 19805	<input type="checkbox"/> Delete		TITLE VP NAME PROTOKOWICZ, DANIEL STREET ADDRESS 300 Delaware Avenue, Suite 571 CITY-ST-ZIP Wilmington, DE 19801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME POIROT, OLIVER STREET ADDRESS 4001 INTERNATIONAL PARKWAY CITY-ST-ZIP CARROLLTON, TX 75007	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>Barry A. Crozier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/21/05 302-427-7608 <small>Date Daytime Phone #</small>		