

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003397

1. Entity Name

STSC LEASING CORPORATION

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90022 034 ***150.00

Principal Place of Business	Mailing Address
PIEDMONT AVE., MAIL CODE 4023 ATLANTA GA 30308	250 PIEDMONT AVE., MAIL CODE 4023 ATLANTA GA 30308-3329

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THORPE, JANET C 200 S. ORANGE AVE. ORLANDO FL 32801		Name <u>Cathy Hornum Arther</u> Street Address (P.O. Box Number is Not Acceptable) <u>200 S. ORANGE AVE</u> City <u>ORLANDO</u> <u>FL</u> Zip Code <u>32801</u>	

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.

SIGNATURE Cathy Hornum Arther (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO TILGHMAN, RICHARD G 918 E. MAIN STREET 23RD FLOOR RICHMOND VA 23219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUSTICE, JAMIE 250 PIEDMONT AVE ATLANTA GA 30302 <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	D COORDS, ROBERT H 501 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301 <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	D HOEPNER, THEODORE J 200 S. ORANGE AVE., MAIL CODE 1065 ORLANDO FL 32801 <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	D LONG, ROBERT R 25 PARK PL., NE, MAIL CODE 445 ATLANTA GA 30303 <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	DCEO WHITEHEAD, ROBERT C 250 PIEDMONT AVE., 21ST FL. ATLANTA GA 30308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jamie L. Justice **FILED** 4/19/2000 (404) 827-6097

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

CR2E034 (9/99)