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

03-02-1999 90058 036 \*\*\*150.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000004014**

1. Corporation Name

**UNIVERSAL COMMERCIAL CREDIT LEASING V, INC.**

Principal Place of Business

**300 DELAWARE AVENUE, STE 571  
WILMINGTON DE 19801**

Mailing Address

**300 DELAWARE AVENUE, STE 571  
WILMINGTON DE 19801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/14/1998**

4. FEI Number

**APPLIED FOR 51-0382457**

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE **P**  
NAME **LEHODEY, JOHN**  
STREET ADDRESS **300 DELAWARE AVE., STE 571**  
CITY-ST-ZIP **WILMINGTON DE**

TITLE **ST** ☒ DELETE

NAME **SOKOLIK, RANDY**  
STREET ADDRESS **300 DELAWARE AVE., STE 571**  
CITY-ST-ZIP **WILMINGTON DE**

TITLE **V** ☐ DELETE

NAME **COHEN, BENJAMIN**  
STREET ADDRESS **300 DELAWARE AVE., STE 571**  
CITY-ST-ZIP **WILMINGTON DE**

TITLE **VAS** ☐ DELETE

NAME **CROZIER, BARRY A**  
STREET ADDRESS **300 DELAWARE AVE., STE 571**  
CITY-ST-ZIP **WILMINGTON DE**

TITLE **V** ☐ DELETE

NAME **CONNER, EILEEN T**  
STREET ADDRESS **300 DELAWARE AVE., STE 571**  
CITY-ST-ZIP **WILMINGTON DE**

TITLE **VAS** ☐ DELETE

NAME **PROTOKOVICZ, DANIEL**  
STREET ADDRESS **300 DELAWARE AVE., STE 571**  
CITY-ST-ZIP **WILMINGTON DE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **245 PARK AVENUE**

1.4 CITY-ST-ZIP **NEW YORK, NY 10167**

2.1 TITLE **S/T/D/V** ☐ Change ☒ Addition

2.2 NAME **DAN BERRY**

2.3 STREET ADDRESS **245 PARK AVENUE**

2.4 CITY-ST-ZIP **NEW YORK, NY 10167**

3.1 TITLE **V/D** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **TOUR MAINE MONT PARNASSE 33, AVENUE DU MAINE**

3.4 CITY-ST-ZIP **75755 PARIS CEDEX 15 FRANCE**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **DANIEL PROTOKOWICZ**

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*

**1/19/99**

**302-427-7608**

CR2E034 (11/98)