

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90315 004 ***150.00

DOCUMENT # F98000004014	
1. Entity Name UNIVERSAL COMMERCIAL CREDIT LEASING V, INC.	



Principal Place of Business 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007	Mailing Address 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007
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14000288

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 USA	
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04132005 Chg-P CR2E034 (10/03)

4. FEI Number 51-0382457		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
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B. 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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENER, GEORGES L 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE MENER, GEORGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 International Parkway Carrollton, TX 75007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BENJAMIN TOUR MAINE MONT-PARNASSE 33 AVE DU MAINE 75755 PARIS CEDEX LS FRANCE, <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	VAS CROZIER, BARRY A 1011 CENTRE RD, STE 310 WILMINGTON, DE 19805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CROZIER, BARRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Delaware Avenue, Suite 571 Wilmington, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LANE, DARRELL K 1011 CENTRE RD, SUTIE 310 WILMINGTON, DE 19805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LANE, DARRELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Delaware Avenue, Suite 571 Wilmington, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROTOKOWICZ, DANIEL 1011 CENTRE RD, SUTIE 310 WILMINGTON, DE 19805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROTOKOWICZ, DANIEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Delaware Avenue, Suite 571 Wilmington, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POIROT, OLIVER 4001 INTERNATIONAL PKWY 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: Barry A. Crozier 4/21/05 302-427-7618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #