

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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F98000005822
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 31 PM 4:01

DOCUMENT # F98000005822

1. Entity Name

Colonial Pacific Leasing Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13010 SW 68th Parkway
Suite, Apt. #, etc.

3. Mailing Address

10 Riverview Drive
Suite, Apt. #, etc.

39871

6/26/02 DO NOT WRITE IN THIS SPACE 01047 020 550.

Portland, OR
97223

Country
USA

Danbury
CT

City
CT

Country
OR

4. FE Number

Applied For
Not Applied

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

CT Corporation System
Street Address (P.O. Box Number is Not Accepted)

1201 South Pine Island Road
Plantation FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature of Officer, Director, or Agent for Filing (Not to be completed)

(NOTE: Registered Agent for Service of Process and Jurisdiction)

Date

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director
NAME	William H. Cany
STREET ADDRESS	10 Riverview Drive
CITY-ST-ZIP	Danbury CT 06410
TITLE	Director of Secretary
NAME	Monika M. Gaudiosi
STREET ADDRESS	10 Riverview Drive
CITY-ST-ZIP	Danbury CT 06410
TITLE	Director
NAME	Matthew Zakrzewski
STREET ADDRESS	10 Riverview Drive
CITY-ST-ZIP	Danbury CT 06410
TITLE	Director of President
NAME	Jim Kelly
STREET ADDRESS	3000 Lakeside Dr. Ste 200W
CITY-ST-ZIP	Wannockburn IL 60015
TITLE	VP & Treasurer
NAME	Brian Kelly
STREET ADDRESS	1941 First Drive
CITY-ST-ZIP	Woburn MA 01801
TITLE	V.P.
NAME	Steve Dorman
STREET ADDRESS	610 Thomas Edison Blvd. SW.
CITY-ST-ZIP	Clear Rapids IA 52404

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information included with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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, and 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 of this attachment with no address, with all other like empowered

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

7/31/02
AD