

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000335**

1. Entity Name

SOURCE CAPITAL LEASING COMPANY**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90329 035 ***150.00

Principal Place of Business

**1825 N. HUTCHINSON RD. 1ST FLOOR
SPOKANE WA 99212**

Mailing Address

**1825 N. HUTCHINSON RD. 1ST FLOOR
SPOKANE WA 99212**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **91-1731632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLY ROAD
TALLAHASSEE FL 32311**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	C	<input checked="" type="checkbox"/> Delete
NAME	WOLFF, ALVIN J JR.	
STREET ADDRESS	SO. 525 SHORELINE DRIVE	
CITY-ST-ZIP	LIBERTY LAKE WA 99019	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNES, CLARENCE H	
STREET ADDRESS	1205 W. 21ST AVE.	
CITY-ST-ZIP	SPOKANE WA 99203	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRUCCI, JOHN A	
STREET ADDRESS	12111 E. 22ND AVE.	
CITY-ST-ZIP	SPOKANE WA 99206	

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, D. MICHAEL	
STREET ADDRESS	2804 E. 30TH MSC-212	
CITY-ST-ZIP	SPOKANE WA 99223	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DANIEL	
STREET ADDRESS	5500 OLYMPIC DR. SUITE 105-234	
CITY-ST-ZIP	GIG HARBOR WA 98335	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOCKER, CHARLES G	
STREET ADDRESS	9315 N. MURRAY RD.	
CITY-ST-ZIP	NEWMAN LAKE WA 99025-9492	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESTER L. CLARK	
STREET ADDRESS	8411 N. PAMELA	
CITY-ST-ZIP	SPOKANE, WA 99208	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA PARKER HASZ	
STREET ADDRESS	1223 E. CELESTA AVENUE	
CITY-ST-ZIP	SPOKANE, WA 99202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01 509-928-0908

CR2E034 (10/00)