


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90033 028 ***150.00

DOCUMENT # F99000003624	
1. Entity Name UNIVERSAL COMMERCIAL CREDIT LEASING VII, INC.	

Principal Place of Business 14651 DALLAS PARKWAY STE 500 DALLAS, TX 75254	Mailing Address 14651 DALLAS PARKWAY STE 500 DALLAS, TX 75254
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94042650



2. Principal Place of Business 4001 INTERNATIONAL PARKWAY Suite, Apt. #, etc.	3. Mailing Address 4001 INTERNATIONAL PARKWAY Suite, Apt. #, etc.
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03022004 Chg-P CR2E034 (10/03)

City & State CARROLLTON, TX	City & State CARROLLTON, TX
Zip 75007	Zip 75007
Country	Country

4. FEI Number 51-0390858	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 JEAN-FRANCOIS, MALJEAN 245 PARK AVENUE NEW YORK, NY 10167 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GEORGES LE MENER 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CROZIER, BARRY A 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1011 CENTRE RD, SUITE 310 WILMINGTON, DE 19805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CONNER, EILEEN T 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DARRELL K. LANE 1011 CENTRE RD, SUITE 310 WILMINGTON, DE 19805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, BENJAMIN TOUR MAINE MONTP 33 AVE DU MAINE PORIS CEDEX 15, FR 75755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLIVIER POIROT 4001 INTERNATIONAL PARKWAY CARROLLTON, TX 75007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PROTOKOWICZ, DANIEL 300 DELAWARE AVENUE STE 571 WILMINGTON, DE 19801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1011 CENTRE RD, SUITE 310 WILMINGTON, DE 19805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEVE WOOD 604 EAST 4TH STREET, SUITE 201 FORT WORTH, TX 76102 <input type="checkbox"/> Change <input checked="" 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 3/25/04 302-215-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #