· 2000	UNI	FORM BUS	SINES	S REPO	RT	(UBI	R)		T	ות דוי	`		
DOCUMENT # F9900005591 1. Entity Name EQUILEASE FINANCIAL SERVICES, INC.								FILED Apr 17, 2000 8:00 am Secretary of State					
.—	(5. 1		Mallia						04-17-2000	90122 030) ***150	0.00	
Principal Plac		S	ailing Address										
DANBURY F _TON CT 068				206 DANBURY ROAD WILTON CT 06897-4004									
2. Principal P				3. Mailing Address 50 WASHINOTON STREET									
So WAS Suite, Apt. / み//		ON STREET		Suite, Apt. #, etc.				•	DO NOT WRIT	E IN THIS SPA	CE		
City & State SO. NOR WALK CT				City & State So. NORWALK				4. FEI Number 06-1316650 Applied Fo Not Applied					
06854		Country USA	O'6	854	Cour	htry A	_	5. Certificate	of Status Desired		.75 Addit Required	tional	
- C C C		and Address of Curre						7. Name and	Address of New Re	egistered Age	nt		
0.7.6	0000011	TON OVOTEN				Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Street A	ddress (P.C), Box Numbe	r is Not Acceptable)	_			
PLAN	ITATION FL												
						City			-	FL	Zip Code		
8. The above	named entit	y submits this statement	for the purpo	ose of changing its	register	ed office o	r registered	agent, or bot	h, in the State of Flor	ida.			
0.0.4.7.1.05													
SIGNATURE.	Signature, typed	or printed name of registered age	ent and title if appl	licable. (NOT	E: Registere	ed Agent signat	ture required wh	en reinstating)		DATE			
Tax filing r	-	jible to satisfy its Intangil and elects to do so.	_	FILE NOW After MAY 1, 20 ake Check Payat	will be \$	550.00		ection Campaign Final est Fund Contribution	· ·	\$5.00 Added t	May Be to Fees		
11.		OFFICERS AN	ID DIRECTO	RS	12.	***************************************		ADDITIONS	CHANGES TO OFFI			IN 11	
TITLE	ST DUNN SC	OTT C		☐ Delete	TITL						Change	Addition 8	
NAME STREET ADDRESS	DUNN, SCOTT C 206 DANBURY ROAD					EET ADDRESS		WASHINGTON STREET					
CITY-ST-ZIP	WILTON C	CT 06897		<u> </u>		/-ST-ZIP	50 071	H NOR	WALK,		689	<u>۴</u> ا	
TITLE NAME	P PHILLIPS,	AI AN		☐ Delete	TITL NAN					_	Change	Addition C	
STREET ADDRESS		BURY ROAD			STR	EET ADDRESS			16-1010 SI		~~/		
CITY-ST-ZIP	WILTON (CT 06897			_	(-ST-ZIP	اس می	H NOK	WALK, C	T_ 0.6	Change		
TITLE NAME	HANAK. A	LESANDRA		☐ Delete	TITL NAM						Lonange	Addition	
STREET ADDRESS		BURY ROAD				EET ADDRESS	50 4	NASHI	NGTON S	TKEET	- -		
CITY-ST-ZIP	WILTON C	CT 06897			-	(-ST-ZIP	30 VT	HNOV	RWALK,	17. 06	85 8	- Addition	
TITLE NAME	I V I ZWIÇK, M	ICHAFL		☐ Delete	TITL					_	; Change	☐ Addition	
STREET ADDRESS		BURY ROAD				EET ADDRESS	_	-	670N ST1				
CITY-ST-ZIP	WILTON (CT 06897			CITY	r-ST-ZIP	300	H NOA	WALK, C	<u> 7 06</u>	884		
TITLE NAME				☐ Delete	TITL	.E af	477	AM J	POSTIGENO AIN STRE	the _	Change	Addition	
STREET ADDRESS						EET ADDRESS	1266	E. M	AIN STRE	E1,50	17E 6	20	
CITY-ST-ZIP					CIT	r-ST-ZIP	STAN	カドのペム	, CT. 069	102			
TITLE]			☐ Delete	TITL		DIRE	CTOR] Change	Addition	
NAME STREET ADDRESS						AE EET ADDRESS	110 E	· 594	LUN h street				
CITY-ST-ZIP						r-St-ZIP	MEM	YORK	JN4 1	<u>oon</u>			
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 Aldress, with all other like empowered.													
SIGNATURE: Assistant Treasurer 4/0/00 SIGNATURE Date Date Daytime Phone #													