



F99000005591
FILING TRANSMITTAL FORM

TO: Division of Corporations
Florida Department of State
409 E. Gaines Street
P. O. Box 6327
Tallahassee, FL 32314

700004899537--0
-02/11/02-01052-012
*****35.00 *****35.00

FR: Sylvia Carey

DATE: 01/31/02

RE: EQUILEASE FINANCIAL SERVICES, INC.

REFERENCE: 0100SC

PLEASE FILE THE ATTACHED

Change of Registered Agent

A check in the amount of \$35.00 is enclosed for each filing.

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

One Filed stamped copy

Please call Sylvia Carey at 800-300-5067 if there are any problems with this filing.

Please Return Evidence By Regular Mail to:
Sylvia Carey
CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 800-300-5067
FAX: 973-542-0313

Thank you.

FILED
02 FEB 11 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F99000005591
RACH 2/8/02
2-11-02

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Delaware
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : Equilease Financial Services, Inc.

2. The mailing address of the corporation : 50 Washington St., #1211, S. Norwalk, CT 06854

3. Date of incorporation/qualification: 10-29-1999 Document number: F99000005591

4. The name and address of the current registered agent and office:

CT Corporation System

1200 S. Pine Island Rd.

Plantation, FL 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)

NRAI Services, Inc.

526 E. Park Avenue

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board.

Janice A. Sullivan
(Signature of an officer, chairman or vice chairman of the board)

1-25-02
(Date)

Janice A. Sullivan, Asst. Secretary
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.*
NRAI Services, Inc.

[Signature]
(Signature of Registered Agent)

2/6/02
(Date)

If signing on behalf of an entity:

Gary Sherman
(Typed or Printed Name)

Asst Sec
(Capacity)

* * * FILING FEE: \$35.00 * * *

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA