

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90019 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000006396**

1. Entity Name  
**SUEDLEASING (USA) CORPORATION**  
*5L FINANCIAL SERVICES CORP.*

Principal Place of Business <b>535 MADISON AVE., 6TH FLOOR</b> <b>NEW YORK NY 10022</b> <i>251 RIVERSIDE AVE</i> <i>WESTPORT, CT 06880</i>	Mailing Address <del>535 MADISON AVE., 6TH FLOOR</del> <del>NEW YORK NY 10022</del> <i>251 RIVERSIDE AVE.</i> <i>WESTPORT, CT 06880</i>
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2. Principal Place of Business <i>251 RIVERSIDE AVE.</i>	3. Mailing Address <i>251 RIVERSIDE AVE</i>
Suite, Apt. #, etc. <i>WESTPORT, CT</i>	Suite, Apt. #, etc.

City & State <i>WESTPORT, CT</i>	City & State <i>WESTPORT, CT.</i>	4. FEI Number <b>13 374 513 0</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>06880</b>	Country <b>USA</b>	Zip <b>06880</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  
**LEXIS DOCUMENT SERVICES INC.**  
**3959 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
State <b>FL</b>
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]* DATE **5/31/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KNUTH, KLAUS 535 MADISON AVE., 6TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>251 RIVERSIDE AVE.</i> <i>WESTPORT, CT 06880</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, SHARI L 535 MADISON AVE., 6TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>251 RIVERSIDE AVE</i> <i>WESTPORT, CT 06880</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STUHLMANN, HOLGER 535 MADISON AVE., 6TH FLOOR NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETER MAHONEY 251 RIVERSIDE AVE 06880 WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONFIDENCE OFFICER SIMONS EHMANN 251 RIVER SIDE AVE WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: **5/31/00** DAYTIME PHONE #: **(203) 227-5099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR: E034 (9/99)