

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006396

1. Entity Name

SUEBLEASING (USA) CORPORATION
5L FINANCIAL SERVICES CORP.

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

06-09-2000 90019 021 ***150.00

Principal Place of Business Mailing Address
535 MADISON AVE., 6TH FLOOR 535 MADISON AVE., 6TH FLOOR
NEW YORK NY 10022 NEW YORK NY 10022
251 RIVERSIDE AVE. 251 RIVERSIDE AVE.
WESTPORT, CT 06880 WESTPORT, CT 06880

2. Principal Place of Business 3. Mailing Address
251 RIVERSIDE AVE. 251 RIVERSIDE AVE.

Suite, Apt. #, etc. Suite, Apt. #, etc.
WESTPORT, CT

City & State City & State
WESTPORT, CT WESTPORT, CT

Zip Country Zip Country
06880 USA 06880 USA

4. FEI Number Applied For
133745130 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES INC.
3959 WW KELLY ROAD
TALLAHASSEE FL 32311

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] 5/31/00
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, 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 PS
NAME KNUTH, KLAUS
STREET ADDRESS 535 MADISON AVE., 6TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 251 RIVERSIDE AVE.
CITY-ST-ZIP WESTPORT, CT 06880

TITLE V
NAME WILLIAMS, SHARI L
STREET ADDRESS 535 MADISON AVE., 6TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 251 RIVERSIDE AVE
CITY-ST-ZIP WESTPORT, CT 06880

TITLE CD
NAME STUHLMANN, HOLGER
STREET ADDRESS 535 MADISON AVE., 6TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME PETER MAHONEY
STREET ADDRESS 251 RIVERSIDE AVE
CITY-ST-ZIP 06880 WESTPORT, CT 06880 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COMPLIANCE OFFICER
NAME SIMONE EHMANN
STREET ADDRESS 251 RIVERSIDE AVE
CITY-ST-ZIP WESTPORT, CT 06880 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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] 5/31/00 (203) 227-5099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR: E034 (9/99)