

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M00000001848**

1. Entity Name

MAC TRAILER LEASING, L.L.C.**FILED**
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90426 037 ****50.00

0014729

Principal Place of Business

**ONE MAYNARD DR.
PARK RIDGE NJ 07656**

Mailing Address

**ONE MAYNARD DR.
PARK RIDGE NJ 07656**

971664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **13-4127319**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
FEHRENBACH, HUGH A
ONE MAYNARD DR.
PARK RIDGE NJ 07656** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOODRICH, DOUGLAS P
ONE MAYNARD DR.
PARK RIDGE NJ 07656** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CHANDLER, JAMES
ONE MAYNARD DR.
PARK RIDGE NJ 07656** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LOIACONO, FRANK
ONE MAYNARD DR.
PARK RIDGE NJ 07656** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CNTR
DEBLASIO, DANIEL
ONE MAYNARD DR.
PARK RIDGE NJ 07656** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEACH, LISA D
ONE MAYNARD DR.
PARK RIDGE NJ 07656** ☐ Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/24/02

201.391.0800

Date

Daytime Phone #

CR2E083 (4/02)