

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M00000002144**

1. Entity Name

AUTO LEASE SERVICES LLC**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90207 015 ****50.00

Principal Place of Business

**25505 WEST TWELVE MILE ROAD, SUITE 3000
SOUTHFIELD MI 48034-8339**

Mailing Address

**25505 WEST TWELVE MILE ROAD, SUITE 3000
SOUTHFIELD MI 48034-8339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3544147

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FOSS, DONALD A	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROBERTS, BRETT A	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BUSK, DOUGLAS W	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	STIDD, ANDREW L	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BURNS, KEVIN P	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****Brett A. Roberts 4/29/02 (248)353-2700**

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

Date

Daytime Phone #

CR2E083 (9/01)

0045832