## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# M01000001895

Entity Name: FLEET BUSINESS CREDIT, LLC

FILED May 15, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ONE S. WACKER DR. CHICAGO, IL 60606 **Current Mailing Address: New Mailing Address:** ONE S. WACKER DR. CHICAGO, IL 60606 FEI Number: 36-2736268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** () Delete MGRM ( ) Change (X) Addition LAUGHLIN, TERRENCE P MR. Name: Name: Address: Address: ONE S. WACKER DR. City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: FARLEY, MICHAEL A MR. Address: Address: ONE S. WACKER DR. City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: MGRM ( ) Change (X) Addition ROBBINS, JOANNA MS. Name: Name: ONE S. WACKER DR Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: CHAMIDES, RONALD H MR. Address: Address: ONE S. WACKER DR City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: MGRM ( ) Change (X) Addition HIGGINBOTHAM, RICHARD A MR. Name: Name: ONE S. WACKER DR. Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: ( ) Change (X) Addition LEHNERTZ. GEORGE L MR. Name: Name: Address: Address: ONE S. WACKER DR. CHICAGO, IL 60606 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GEORGE L. LEHNERTZ MGRM 05/15/2002