

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90016 022 ****50.00

DOCUMENT # M01000002677

1. Entity Name

XEROX LEASE EQUIPMENT LLC

Principal Place of Business

**800 LONG RIDGE RD., MAIL STOP 2-4-B9
STAMFORD CT 06904**

Mailing Address

**800 LONG RIDGE RD., MAIL STOP 2-4-B9
STAMFORD CT 06904**

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

06-1632264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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

TITLE **MGR** ☐ Delete
NAME **TAYLER, GERGORY B**
STREET ADDRESS **800 LONG RIDGE RD.**
CITY-ST-ZIP **STAMFORD CT 06904-1600**

TITLE **MGR** ☐ Delete
NAME **MACCARRICK, TIMOTHY J**
STREET ADDRESS **100 CLINTON AVE., SOUTH**
CITY-ST-ZIP **ROCHESTER NY 14644**

TITLE **MGR** ☐ Delete
NAME **HARRISON, RICHARD**
STREET ADDRESS **470 EXCHANGE ST.**
CITY-ST-ZIP **GENEVA NY 14456-0353**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **MARTIN S. WAGNER**
CITY-ST-ZIP **800 LONG RIDGE RD.
STAMFORD, CT 06904**

TITLE ☐ Change ☒ Addition
NAME **ASSISTANT SECRETARY**
STREET ADDRESS **MARK SHEIVACHMAN**
CITY-ST-ZIP **800 LONG RIDGE RD.
STAMFORD, CT 06904**

TITLE ☐ Change ☐ 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]

MARK SHEIVACHMAN

ASSISTANT SECRETARY

2/4/2002

203/968-4657

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

Date

Daytime Phone #

CR2E083 (9/01)