LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: Manager, or authorized representative

FILED

4/15/02

| 1. Entity Name XEROX CAPITAL SERVICES, LLC | | 02 APR 18 PM 3: 04 | | |
|--|-------------------------------------|--|---|--------------------|
| | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| | ITE IN THIS S | SPACE | | |
| 2. Principal Place of Business 100 Clinton Ave. S. | 3. Mailing Address | A | | |
| Suite, Apt. #, etc. | 100 Clinton Suite, Apt. #, etc. | Ave. S. | DO NOT WRITE IN THIS SPACE | - |
| MS: X2-029 | MS: X2-029 | | DO NOT WRITE IN THIS SPACE | <u>.</u> |
| City & State Rochester, NY 14644 | City & State | T 1//// | 4. FEI Number | Applied For |
| Zip Country | Rochester, N | Country | 16-1611298 | Not Applicable |
| 14644 USA | 14644 | USA | Fee Re | Additional equired |
| | | Name | 7. Name and Address of Current Registered Agen | t |
| DO NOT | WRITE | Cc | rporation Service Company | • |
| | | Street Addr | ess (P.O. Box Number is Not Acceptable) Ol Hays St. | |
| IN THIS | SPACE | | or mays st. | |
| | | City | | |
| <u> Line 1 - Fan - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u> | | Та | llahasseeFL ^{Zig} | 32301 |
| 8. The above named entity submits this statem | nent for the purpose of changing it | ts registered office or req | fistered agent, or both, in the State of Florida. | ** |
| SIGNATURE | | | | } |
| | | | | |
| Signature, typed or printed name of registered | d agent and title if applicable. | | DATE | |
| Signature, typed or printed name of registered | d agent and title if applicable. | FEE IS \$50.00 | DATE | |
| Signature, typed or printed name of registered | Make Check P | ayable to Departme | | |
| Signature, typed or printed name of registered | Make Check P | | | |
| Signature, typed or printed name of registered MANAGING MI | Make Check P | Payable to Departme | | 1 |
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XEROX CAPITAL SERVICES, LLC Member and Managers

Member:

Xerox Corporation EIN: 16-0468020 800 Long Ridge Road Stamford, CT 06904

Managers:

Michael MacDonald, President North American Solutions Group Xerox Corporation 100 Clinton Avenue South MS: X2 – 029 Rochester, NY 14644-1877

Residence: 20 Thomas Grove Pittsford, NY 14534

Timothy MacCarrick, Xerox Corporation 100 Clinton Avenue South MS: X2 – 029 Rochester, NY 14644-1877

Residence: 2 Quion Crescent Victor, NY 14564

Anne Mulcahy, CEO and President Xerox Corporation 800 Long Ridge Road PO Box 1600 Stamford, CT 06904-1600

Residence: 235 Fencerow Drive Fairfield, CT 06430

Richard Cerrone
VP & General Manager, General Market Operations
Xerox Corporation
100 Clinton Avenue South - MS
Rochester, NY 14644-1877
Residence: 10654 East Terra Drive

Scottsdale, AZ 85258