2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100002835

1. Entity Name

XEROX CAPITAL SERVICES, LLC



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90900 020 ****50.00

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Principal Plac	e of Business	Mailing Address		· — —						
XEROX SQUAR		XEROX SQUARE	· ·							
	AVE. SOUTH. MS: X2-029		100 CUNTON AVE. SOUTH, MS: X2-029			}				
ROCHESTER N	Y 14644-1877	ROCHESTER NY 14644-18	377			- (180)(0)	0 11 91 916 1191	ORIN DOM BÓM	95118 (1865 191 9 8	1981 199 1189
2 Principal C	Place of Business	3. Mailing Address								
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Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
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City & State	е	City & State	City & State			4. FEI Number	16-1611	298		pplied For
			1 2				<u> </u>			lot Applicable
Zip I	Country	Zip	Count	Country		5. Certificate of	of Status Desire	ed 🔲	\$5.00 Ad Fee Requir	
	6. Name and Address of Curr	ent Registered Agent	gistered Agent			7. Name and Address of New Registered Agent				
	U. Marile and Address of Curr	CITY HOSISTERE AGOIN		Name		7. (40.110 4.10)	1001000 01 110	, nogiotoro	- Agoin	
- CORPORATION SERVICE COMPANY								,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	1 HAYS STREET		Street Address			P.O. Box Number	is Not Accepta	able)		
TALI	LAHASSEE FL 32301-2525			ļ -						
r	•		ļ	City					Zin Co	
				City				F	L Zip Co	
	named entity submits this statemen	nt for the purpose of changing it	ts registere	ed office or	registere	ed agent, or both	, in the State of	Florida. 1 a	m familiar with	, and accept
the obligati	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered a									
-	Signature, typed or printed name of registered a	gent and trie if applicable. [NO	11E: Registered	Agent signatu	re required	when reinstating)		DATE	:	
•	•	AND COMPANY OF THE PROPERTY OF		FEE IS \$	N. A. S. L. C. S.	7 A		,		
	to the state of th	Make Check Payal				it of State				•
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9.		MBERS/MANAGERS	10.				ADDITIO	NS/CHANG	ES	
TITLE	MGR	Delete	TITLE	- 1	Gene	ager ral Electric Piver view	. Capita	1 Carp	🔼 Change	☐ Addition
NAME OFFICE ADDRESS	MACDONALD, MICHAEL	MA. Vo ooo	NAME	J	10 R	Proesurew	Drive	•		
STREET ADDRESS CITY-ST-ZIP	100 CLINTON AVE. SOUTH,			ET ADDRESS ST-ZIP	Dan	bury, CT	06110			
	ROCHESTER NY 14644-1877 MGR		-1						[] Ob	F7 Adam
TITLE NAME	MACCARRICK, TIMOTHY	⊠ Delete	TITLE NAME	1					Change	Addition
STREET ADDRESS	100 CLINTON AVE. SOUTH,	MS: X2-029		ET ADDRESS						
CITY-ST-ZIP	ROCHESTER NY 14644-1877		CITY-	ST-ZIP						
TITLE	MGR	→ Delete	TITLE						Change	Addition
NAME	MULCAHY, ANNE		NAME	1						_
STREET ADDRESS	-100 CLINTON AVE. SOUTH,	MS:.X2-029	STREE	et address 🏃		· 		·	-	
CITY-ST-ZIP	ROCHESTER NY 14644-1877	·	CITY-	ST-ZIP						
TITLE	MGR	⊠ Delete	TITLE						Change	Addition
NAME	CERRONE, RICHARD		NAME	1						
STREET ADDRESS	100 CLINTON AVE. SOUTH,		1	T ADDRESS						
CITY-ST-ZIP	ROCHESTER NY 14644-1877			ST-ZIP						_=
TITLE	•	☐ Delete	TITLE		•				Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
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NAME		. maiste	NAME					•	- criange	☐ vadition
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	•	*	CITY-S	1						
11. I hereby c	ertify that the information supplied v	vith this filing does not qualify fo	r the exem	nption state	d in Sec	tion 119.07(3)(i).	Florida Statute	s. I further o	ertify that the i	nformation
indicated	on this report is true and accurate a pility company or the receiver or trys	and that my signature shall have	the same	legal effect	as if ma	ade under oath; t	hat I am a mar	naging mem	ber or manage	er of the
manteu nat	one, company of the receiver of the)	(short as)	roquireu D)	Unapie	. 500, i iorida 5ta	ituico.			