

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002835

1. Entity Name

XEROX CAPITAL SERVICES, LLC



FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90900 020 ****50.00

Principal Place of Business XEROX SQUARE 100 CLINTON AVE. SOUTH, MS: X2-029 ROCHESTER NY 14644-1877	Mailing Address XEROX SQUARE 100 CLINTON AVE. SOUTH, MS: X2-029 ROCHESTER NY 14644-1877
--	--

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	16-1611298	Applied For	Not Applicable
---------------	------------	-------------	----------------

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
----------------------------------	--------------------------	--------------------------------



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003</p>	
---	--

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
------------------------------	-----------------------

<p>TITLE NAME MGR MACDONALD, MICHAEL 100 CLINTON AVE. SOUTH, MS: X2-029 ROCHESTER NY 14644-1877</p> <p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE NAME Manager General Electric Capital Corp 10 Riverview Drive Danbury, CT 06810</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME MGR MACCARRICK, TIMOTHY 100 CLINTON AVE. SOUTH, MS: X2-029 ROCHESTER NY 14644-1877</p> <p><input checked="" type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME MGR MULCAHY, ANNE 100 CLINTON AVE. SOUTH, MS: X2-029 ROCHESTER NY 14644-1877</p> <p><input checked="" type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME MGR CERRONE, RICHARD 100 CLINTON AVE. SOUTH, MS: X2-029 ROCHESTER NY 14644-1877</p> <p><input checked="" type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME </p> <p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME </p> <p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: Robert Mitchell, COO 4/9/03 585-423-2634

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

Date

Daytime Phone #