

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN -5 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000191

1. Entity Name

SECURITY LEASING FUNDING II, L.L.C.

Principal Place of Business

ATTN: MR. HENRY M. EDMONDS  
712 NORTH SECOND STREET  
ST. LOUIS MO 63102

Mailing Address

ATTN: MR. HENRY M. EDMONDS  
712 NORTH SECOND STREET  
ST. LOUIS MO 63102-2550

2. Principal Place of Business

3. Mailing Address

10 S. Broadway  
Suite, Apt. #, etc.

10 S. Broadway  
Suite, Apt. #, etc.

Suite 1400

Suite 1400

City & State

City & State

St. Louis, MO

St. Louis, MO

Zip

Country

Zip

Country

63102

63102

4. FEI Number

43-1795890

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

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.

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS EDMONDS, HENRY M  
CITY-ST-ZIP 712 NORTH SECOND STREET  
ST. LOUIS MO 63102 ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 10 S. Broadway, Suite 1400  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003298161-4  
CITY-ST-ZIP -06/21/00--01007--006  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5/31/00

314-621-7525

CR2E083 (9/99)