2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

APPROVED M98000000443 DOCUMENT # 1. Entity Name 00 APR 13 PM 12: 01 R. AND J. LEASING OF DELAWARE LLC SECRETARY OF STATE FALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1701 ELTON ROAD 1701 ELTON ROAD SILVER SPRING MD 20903 SILVER SPRING MD 20903-1702 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MNM 4. FEI Number Applied For City & State City & State 52-2086740 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAY, LAMAR Street Address (P.O. Box Number is Not Acceptable) **633 TIMBERLANE ROAD** TALLAHASSEE FL 32312 Zip Code City 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 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. Addition MGRM TITLE Change TITLE 700003225 34? MAME RAME DUFFIE, JONATHAN -04/26/00--01091--012 STREET ADDRESS STREET ADDRESS 1701 ELTON ROAD <u></u> ቅቅቅቅቅ/ርሀ በሀ CITY- ST- ZIP SILVER SPRING MD 20903 CITY- ST- ZIP *****[0.00] Delete Addition MILE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 81- 21P ☐ Addition Change TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZLP CITY- ST- ZEP Addition ☐ Change TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C1TY- 27-71P Change Addition | TITLE Delete TITI F NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-719 Addition | Change Defete TITLE TITLE . MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY- ST- 71P 11. I hereby certify that the information supplied with this filling 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.

Daytime Phone #