

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM****Secretary of State****DOCUMENT # M98000000727****1. Entity Name**
FINANCIAL PACIFIC LEASING, LLC

Principal Place of Business 3455 SOUTH 344 WAY AUBURN 98001 WA	Mailing Address P.O. BOX 4568 FEDERAL WAY 98063 WA
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2. Principal Place of Business 3455 SOUTH 344 WAY	3. Mailing Address
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Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc.
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City & State FEDERAL WAY WA	City & State
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Zip 98001	Country	Zip	Country
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4. FEI Number 91-1877092	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

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	01/15/2001
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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**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WINTER DALE A	
STREET ADDRESS	3901 SOUTH FIFE	
CITY-ST-ZIP	TACOMA WA 98409	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHAEFER DAVID T	
STREET ADDRESS	3901 SOUTH FIFE	
CITY-ST-ZIP	TACOMA WA 98409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER DALE A	
STREET ADDRESS	3455 S 344TH WAY SUITE 300	
CITY-ST-ZIP	FEDERAL WAY WA 98001	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER DAVID T	
STREET ADDRESS	3455 S 344TH WAY SUITE 300	
CITY-ST-ZIP	FEDERAL WAY WA 98001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: DALE WINTER MGR 01/15/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)