LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 16, 2002 8:00 am Secretary of State

DOCUMENT # M9800000727 1. Entity Name					04-16-200	2 90091 044	****50.00		
FINANCIAL PACIFIC LEASING, LLC									
DO NOT WRITE IN THIS SPACE					938356				
2. Principal Place of Business 3455 S 344TH WAY		3. Mailing Address PO BOX 4568							
Suite, Apt, #, etc. SUITE 300		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State FEDERAL WAY	, WA	4. FELN	lumber 1 – 1877092		Applied For Not Applicable		
Zip 98001	Country	Zip	Country		icate of Status Desired		00 Additional Required		
3000.1	USA.	<u> 98063 </u>	USA	7. Name	and Address of Current				
	DO NOT WE	DITE	Name (CT CORP	CORPORATION SYSTEM				
	DO NOT WE	Street Add	ress (P.O. Box)	lumber is Not Acceptable	LAND RO	DAD			
	IN THIS SPA	ACE							
			City .	PLANTAT	ION	FL 3	ip Code 33324		
8. The above	named entity submits this statement for t	he purpose of changing its r	registered office or re	egistered agent,	or both, in the State of Flo	orida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable.			····	DATE			
		Make Check Pay	EE IS \$50.00 rable to Departm UE BY MAY 1	ent of State					
9.	MANAGING MEMBER	S/MANAGERS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DALE A WINTER 3455 S 344TH WAY	SUITE 300	TITLE. NAME STREET ADDRESS CITY-ST-ZIP	. #			CRZE083B (12/01)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PETER A DAVIS 3455 S 344TH WAY	SUITE 300	TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		CRZEG		
TITLE	FEDERAL-WAY, WA 98001		TITLE		DO NOT		. 1		
TITLE NAME			TITLE '		IN THIS S				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		·				
TITLE NAME			TITLE NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE			TITLE						
NAME STREET ADDRESS			NAME Street Address				j		
CITY-ST-ZIP			CITY-ST-ZIP	·	· · · · · · · · · · · · · · · · · · ·				
indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	at my signature shall have th	ie same legal effect i	as if made under	oath; that I am a manag	further certify the ing member or m	at the information nanager of the		

SIGNATURE: VILLE JUMA	3/28	n	253.566.60m
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI	IVE .	Date	Daytime Phone #