

2001 UNIFORM BUSINESS REPORT (UBR)

0028518 AF

DOCUMENT # **M99000001617**

FILED

01 APR -4 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
PREMIUM LEASE & FINANCE, LLC

| | |
|---|---|
| Principal Place of Business 250 CARPENTER FREEWAY IRVING TX 75062 | Mailing Address 250 CARPENTER FREEWAY IRVING TX 75062 |
|---|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **75-2838992** 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (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 PELKA, LAWRENCE J | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 250 CARPENTER FREEWAY | |
| CITY-ST-ZIP IRVING TX 75062 | |
| TITLE NAME MGR COSTAS, STEPHEN J | <input type="checkbox"/> Delete |
| STREET ADDRESS 250 CARPENTER FREEWAY | |
| CITY-ST-ZIP IRVING TX 75062 | |
| TITLE NAME MGR SLETTEN, MICHAEL W | <input type="checkbox"/> Delete |
| STREET ADDRESS 250 CARPENTER FREEWAY | |
| CITY-ST-ZIP IRVING TX 75062 | |
| TITLE NAME MGR HUGHES, JOHN F | <input type="checkbox"/> Delete |
| STREET ADDRESS 250 CARPENTER FREEWAY | |
| CITY-ST-ZIP IRVING TX 75062 | |
| TITLE NAME MGR GREENE, PATRICK J | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 250 CARPENTER FREEWAY | |
| CITY-ST-ZIP IRVING TX 75062 | |
| TITLE NAME MGR LISKOW, FREDERIC C | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 250 CARPENTER FREEWAY | |
| CITY-ST-ZIP IRVING TX 75062 | |

| | |
|---|--|
| TITLE NAME Manager Roy A. Guthrie | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 250 Carpenter Freeway | |
| CITY-ST-ZIP Irving, TX 75062 | |
| TITLE NAME 400003994344-0 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS -04/12/01--01067--009 | |
| CITY-ST-ZIP *****50.00 *****50.00 | |
| TITLE NAME Manager Michael J. Frederick | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 250 Carpenter Freeway | |
| CITY-ST-ZIP Irving, TX 75062 | |
| TITLE NAME Manager Martin J. Wong | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 300 St. Paul Place | |
| CITY-ST-ZIP Baltimore, MD 21202 | |

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: *Michael J. Frederick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/2/01
Date

Michael J. Frederick
Ass't Vice President
& Ass't Secretary
Daytime Phone #

CR2E083 (11/00)