

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000001957

1. Entity Name

ENERGY EQUIPMENT LEASING LLC

00 MAY 30 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ONE WATER STREET
WHITE PLAINS, NY 10601

2. Principal Place of Business

ONE WATER STREET

Suite, Apt. #, etc.

3. Mailing Address

ONE WATER STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WHITE PLAINS, NY

City & State

WHITE PLAINS, NEW YORK

Zip

Country

10601

USA

Zip

Country

10601

USA

4. FEI Number

13-4042567

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

Name

CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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

400003291374--7
-06/15/00--01071--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| | |
|----------------|---------------------------------|
| 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 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10. ADDITIONS/CHANGES

| | | | |
|----------------|------------------------------|---------------------------------|--|
| TITLE | PRESIDENT | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | GORAN MORNHED | | |
| STREET ADDRESS | ONE WATER STREET | | |
| CITY-ST-ZIP | WHITE PLAINS, NEW YORK 10601 | | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | MR. STEPHEN T. WARD | | |
| STREET ADDRESS | ONE WATER STREET | | |
| CITY-ST-ZIP | WHITE PLAINS, NEW YORK 10601 | | |
| TITLE | SECRETARY | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | JEROME A. VERDAMANN | | |
| STREET ADDRESS | 129 E. FOURTH STREET | | |
| CITY-ST-ZIP | CINCINNATI, OHIO 45202 | | |
| TITLE | TREASURER | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | STEPHEN T. WARD | | |
| STREET ADDRESS | ONE WATER STREET | | |
| CITY-ST-ZIP | WHITE PLAINS, NEW YORK 10601 | | |
| 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:

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

Date

Daytime Phone #

4/24/2000 (914) 286-6600

CR2E083 (11/99)