2001 UNIFORM BUSINESS REPORT (UBR)

						1	•				
DOCUMENT # M9900001957 1. Entity Name ENERGY EQUIPMENT LEASING LLC						FILED					
						01 MAR 22 AM 10: 32					
Principal Plac ONE WATER WHITE PLAIN		Mailing Address ONE WATER STREET WHITE PLAINS NY 10601				SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	9	City & State				4. FEI N	13-4042567		<u> </u>	oplied For ot Applicable	-
Zip	Country	Zip	itry		5. Certif	icate of Status Desired		55.00 Add ee Require			
- 6. Name and Address of Current Registered Agent						7. Name	and Address of New Reg	stered A	gent]
0 T 00000017011 0V07711				Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							1
PLANTATION FL 33324				- -						 	1
				City				FL	Zip Cod	e	1
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office o	r registere	ed agent, c	or both, in the State of Florid	9.	<u> </u>		1
,											
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signal	ture required v	when reinstatin	ng)	DATE			1
		FILE NO	wiii	FFF IS G	ะรด กก						}
		Make Check Pag			•	State					
	MANAGING MEMBE	DS (MEMPERS	10.				ADDITIONS/CH	IANGES			1
9.	MGRM	Delete	TITLE	_ _	PRESI	Dent	ADDITIONS/CI			Addition	18
NAME	CASTEN, THOMAS R		NAM	E	Gorav	Nor	nhead _		_ `		14.
STREET ADDRESS CITY-ST-ZIP	ONE WATER ST. WHITE PLAINS NY 10601			ET ADDRESS -ST-ZIP	ONE	WAT	ER STREET	. 1			cac
TITLE	MGRM	Detete	TITLE		E XEC	THUE Y	LINS, HY 1060		Change	Addition	- #
NAME	KESSEL, RICHARD E	De Delete	NAM		1		m Harkness		Onlango		۲
STREET ADDRESS	ONE WATER ST.			ET ADDRESS	ONE	WATER	2 STRUET				
CITY-ST-ZIP	WHITE PLAINS NY 10601		╊	- ST-ZIP			1142 HY 10PO				-
NAME	MGRM ROGERS, JAMES E	Delete	TITLE		SECYC	TIPPEN	VENN AMANA		Change	Addition	l
STREET ADDRESS	139 E. FOURTH ST.			ET ADDRESS			ATH STREET	-			1
CITY-ST-ZIP	CINCINNATI OH 45202		СПҮ	-ST-ZIP	CIN	CINN	ATI, OH 45	202			1
TITLE	MGRM	Delete	TITLE			SURE			☐ Change	Addition	
NAME STREET ADDRESS	INGLE, DONALD B JR 139 E. FOURTH ST.		NAM STRE	ET ADDRESS	STEP	hen	T. WARD ER STREET				ì
CITY-ST-ZIP	CINCINNATI OH 45202			-ST-ZIP	WH.	të Pi	Ains NV 101	01			1
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NAME CTREET ADDRESS			NAMI				00000039	124	410	8	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP	1 .		0000039	010	1094	012 50 00	
TITLE		□ Delete	TITLE		 		*****	ــــــــــــــــــــــــــــــــــــــ	Change	Addition	100
NAME			NAMI	Ē						<u> </u>	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	1						
	ertify that the information supplied with t	his filing does not qualify for		ST-ZIP	ted in Sec	tion 110.0	7/3)(i) Florida Statuta 1 6	ther cortif	u that the 1-	formatica	-
indicated	on this report is true and accurate and to bility company or the receiver or trustee	nat my signature shall have ti	ne same	e legal effe	ct as if ma	ade under	oath; that I am a managing	member	or manage	r of the	