

2002

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**
**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90165 004 \*\*\*\*50.00

DOCUMENT # **M99000001957**  
1. Entity Name  
**ENERGY EQUIPMENT LEASING LLC**
**DO NOT WRITE IN THIS SPACE**

943849

2. Principal Place of Business  
**THREE BARKER AVE.**  
Suite, Apt. #, etc.  
City & State  
**WHITE PLAINS, N.Y.**  
Zip  
**10601** Country  
**USA**

3. Mailing Address  
**THREE BARKER AVE.**  
Suite, Apt. #, etc.  
City & State  
**WHITE PLAINS, N.Y.**  
Zip  
**10601** Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**13-4042567** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**
**7. Name and Address of Current 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.

DATE \_\_\_\_\_

FEE IS \$50.00

**Make Check Payable to Department of State  
DUE BY MAY 1**
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT M STEPHEN HARKNESS THREE BARKER AVENUE WHITE PLAINS, N.Y. 10601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT JEAN M. MALAHIEUX THREE BARKER AVENUE WHITE PLAINS, N.Y. 10601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY JEROME A. VENNEMANN THREE BARKER AVENUE WHITE PLAINS, N.Y. 10601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER STEPHEN T. WARD THREE BARKER AVENUE WHITE PLAINS, N.Y. 10601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/8/2002 914-272-6500**  
Date Daytime Phone: #

CR2E083B (12/01)