

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90168 036 ***150.00

DOCUMENT # P12015

1. Entity Name

NEOPOST LEASING, INC.

Principal Place of Business

**30955 HUNTWOOD AVENUE
HAYWARD CA 94544**

Mailing Address

**30955 HUNTWOOD AVENUE
HAYWARD CA 94544**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2984524**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAHLSTEDT, NEIL D	
STREET ADDRESS	944 SHORELINE ROAD LBS	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	VPCS	<input type="checkbox"/> Delete
NAME	DICKESON, STEPHEN M	
STREET ADDRESS	4425 GREENS COURT	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	VPFC	<input type="checkbox"/> Delete
NAME	DICKESON, STEPHEN M	
STREET ADDRESS	4425 GREENS COURT	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHLSTEDT, NEIL D	
STREET ADDRESS	944 GREENS CT	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIERY, DENIS	
STREET ADDRESS	113 RUE JEAN-MARIN NAUDIN	
CITY-ST-ZIP	BAGNEUX, FRANCE 92-2201	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKENSON, STEPHEN M	
STREET ADDRESS	30955 HUNTWOOD AVE.	
CITY-ST-ZIP	HAYWARD CA 94544	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony G. Adkins	
STREET ADDRESS	4659 Gate Tree Circle	
CITY-ST-ZIP	Pleasanton, CA 94566	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	779 Nandina Ct.	
STREET ADDRESS	Fremont, CA 94539	
CITY-ST-ZIP	Fremont, CA 94539	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	779 Nandina Ct.	
STREET ADDRESS	Fremont, CA 94539	
CITY-ST-ZIP	Fremont, CA 94539	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	944 Shoreline Road LBS	
STREET ADDRESS	Barrington, IL 60010	
CITY-ST-ZIP	Barrington, IL 60010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN M. DICKESON**4/24/01 (510) 489-6800**

Date

Daytime Phone #

CR2E034 (10/00)