

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90009 011 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P28788						1. Entity Name	
DECAR FLEET MANAGEMENT, INC.							
Principal Place of Business			Mailing Address				
1209 ORANGE ST. WILMINGTON, DE 19801			900 OLD COUNTRY ROAD GARDEN CITY, NY 11530				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			4. FEI Number	
						11-3007068	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/>	
						\$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	
<p>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.</p> <p>SIGNATURE _____ DATE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</p>							
<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>			<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>			<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERRUCCI, M.A.			NAME			
STREET ADDRESS	212 MAGNUM DRIVE			STREET ADDRESS			
CITY - ST - ZIP	BEAR, DE 19701			CITY - ST - ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORNE, A.M.			NAME			
STREET ADDRESS	904 NEWPORT PIKE			STREET ADDRESS			
CITY - ST - ZIP	WILMINGTON, DE 19804			CITY - ST - ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTTHANS, K.E.			NAME			
STREET ADDRESS	8 TALLEY COURT			STREET ADDRESS			
CITY - ST - ZIP	WILMINGTON, DE 19802			CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIONDO, JOSEPH			NAME			
STREET ADDRESS	2414 CADILLAC DRIVE			STREET ADDRESS			
CITY - ST - ZIP	EAST MEADOW, NY 11554			CITY - ST - ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEIST, EDWARD G.			NAME			
STREET ADDRESS	312 WALDEN ROAD			STREET ADDRESS			
CITY - ST - ZIP	WILMINGTON, DE 19803			CITY - ST - ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAWSON, BARBARA			NAME			
STREET ADDRESS	86-35 208TH ST			STREET ADDRESS			
CITY - ST - ZIP	QUEENS VILLAGE, NY 11427			CITY - ST - ZIP			
<p>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.</p>							
SIGNATURE: <i>M.A. Ferrucci</i>				<i>M.A. Ferrucci President</i>		<i>4/28/00</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone # <i>302 777-0250</i>	

CR2E034 (9/99)