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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29825** **(7)**

1. Corporation Name

U.B. VEHICLE LEASING, INC.

Principal Place of Business	Mailing Address
125 SUMMER STREET P. O. BOX 2332 BOSTON MA 02107	125 SUMMER STREET P. O. BOX 2332 BOSTON MA 02107 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/15/1990	04/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **04-2586402** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	MCCULLOCH, EUGENE F., JR	12 NAME	
STREET ADDRESS	182 DEDHAM ST.	13 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, GARY L.	22 NAME	
STREET ADDRESS	45 IVY LANE	23 STREET ADDRESS	
CITY-ST-ZIP	SHERBORN MA	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ANZAI, YOJI	32 NAME	
STREET ADDRESS	100 BROADWAY	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	VSC	41 TITLE	☐ Change ☐ Addition
NAME	STERNSTEIN, PHILIP S.	42 NAME	
STREET ADDRESS	38 LEHIGH RD.	43 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	CAROLAN, RICHARD E	52 NAME	
STREET ADDRESS	60 LIVINGSTON ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, GARY L	62 NAME	
STREET ADDRESS	82 FOREST AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	COHASSET MA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Charles E. Horton, Sr. 4/27/95 (617) 573-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393602 FP