

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

059087

**DOCUMENT # P38264**

1. Entity Name

**UNISYS LEASING CORPORATION**

05-18-2001 91564 034 \*\*\*550.00

Principal Place of Business

**1000 S MCCASLIN BLVD  
 SUPERIOR CO 80027**

Mailing Address

**1000 S MCCASLIN BLVD  
 SUPERIOR CO 80027**

107500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1188853**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
 1200 SOUTH 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPD** ☒ Delete  
 NAME **BYRNE, DAVID M**  
 STREET ADDRESS **1000 S. MCCASLIN BLVD**  
 CITY-ST-ZIP **BOULDER CO**

TITLE **COO/PRESIDENT** ☒ Change ☐ Addition  
 NAME **KAREN L. LARSON**  
 STREET ADDRESS **1000 S. MCCASLIN BLVD.**  
 CITY-ST-ZIP **SUPERIOR, CO 80027**

TITLE **VPD** ☐ Delete  
 NAME **CRACCO, JAMES A**  
 STREET ADDRESS **1000 S. MCCASLIN BLVD**  
 CITY-ST-ZIP **BOULDER CO**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **SUPERIOR, CO 80027**

TITLE **VPAS** ☒ Delete  
 NAME **CURTIS, KENNETH L**  
 STREET ADDRESS **1000 S. MCCASLIN BLVD**  
 CITY-ST-ZIP **BOULDER CO 80303**

TITLE **EXECUTIVE VICE PRESIDENT** ☒ Change ☐ Addition  
 NAME **DANIEL F. THOMAS**  
 STREET ADDRESS **1000 S. MCCASLIN BLVD.**  
 CITY-ST-ZIP **SUPERIOR, CO 80027**

TITLE **S** ☐ Delete  
 NAME **STATE, JOHN F**  
 STREET ADDRESS **1000 S. MCCASLIN BLVD**  
 CITY-ST-ZIP **BOULDER CO**

TITLE **SECRETARY** ☐ Change ☐ Addition  
 NAME **STATE, JOHN F**  
 STREET ADDRESS **1000 S. McCASLIN BLVD.**  
 CITY-ST-ZIP **SUPERIOR, CO 80027**

TITLE **AS** ☐ Delete  
 NAME **MERRELL, ALEX**  
 STREET ADDRESS **1000 S. MCCASLIN BLVD**  
 CITY-ST-ZIP **BOULDER CO**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **SUPERIOR, CO 80027**

TITLE **T** ☐ Delete  
 NAME **POTTHOFF, BRYAN**  
 STREET ADDRESS **7606 DREW HILL ROAD**  
 CITY-ST-ZIP **GOLDEN CO 80403**

TITLE **TREASURER** ☒ Change ☐ Addition  
 NAME **POTTHOFF, BRYAN**  
 STREET ADDRESS **1000 S. McCASLIN BLVD.**  
 CITY-ST-ZIP **SUPERIOR, CO 80027**

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:

*John F. State*

JOHN F. STATE/SECRETARY

5/10/01

720-304-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)