FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2002 8:00 am DOCUMENT # P39618 Secretary of State 1. Entity Name 06-04-2002 90207 002 ***558.75 LEASE AMERICA SERVICES, INC. Principal Place of Business Mailing Address 1900 CORPORATE BLVD NW C/O TTC ILLINOIS INC 100 EAST 50 MEADOWVIEW CENTER **BOCA RATON FL 33431** KANKAKEE IL 60901 US 2. Principal Place of Business 3. Mailing Address NONE (Inactive corp) LO CT CORPORATION SYSTEM Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1200 S PINE ISLAND RD City & State City & State 4. FEI Number Applied For 65-0316741 PLANTATION, FL 33324 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33324 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **'C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition NAME RHODES, GERALD L NAME STREET ADDRESS 1900 NW CORP BLVD. STE. #101E STREET ADDRESS 6568 NW 33rd Avenue CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Boca Raton, FL 33496 TITLE ☐ Delete TITLE K Change ☐ Addition NAME NAME RHODES, MARIA F 6568 NW 33rd Avenue STREET ADDRESS STREET ADDRESS 1900 NW CORP BLVD. STE #101E CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** <u>Boca Raton, FL 33496</u> ☐ Change ☐ Delete TITLE ☐ Addition NAME" NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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: 4

T.T.C., Illinois, Inc. IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(815) 468-3400

Daytime Phone #