FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P93000024065 DOCUMENT # **Secretary of State** 1. Entity Name H-QUAD LEASING CORP. 02-11-2002 90159 029 ***150.00 Principal Place of Business Mailing Address 2510 PHILLIPS HIGHWAY % MYROS LAW SMORODSKY 7 V 4 J / 2 JACKSONVILLE FL 32207 P.O. BOX 1705 RUTHERFORD NJ 07070 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3197535 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANLEY, WILLIAM K Street Address (P.O. Box Number is Not Acceptable) 2001 W. KENNEDY BLVD. TAMPA FL 33606 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 DATE (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (10/6) ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME HANLEY, WILLIAM K NAME CR2E034 STREET ADDRESS 7 SHEPARD ROAD STREET ADDRESS CITY-ST-ZIP WARWICK NY 10090 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ST ☐ Delete TITLE NAME HANLEY, DONALD STREET ADDRESS STREET ADDRESS 126 HACKETT PLACE, APT. 203A CITY-ST-ZIP CITY-ST-ZIP **RUTHERFORD NJ 07070** ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP والمراجع والواجعانين المتموط وكالمانية فالمانية ☐ Delete TITLE ☐ Change ☐ Addition TITLE ٠,٠ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: