

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90204 048 ***150.00

DOCUMENT # P93000024065



1. Entity Name
H-QUAD LEASING CORP.

Principal Place of Business
**2510 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207
US**

Mailing Address
**C/O MYROSLAW SMORODSKY PA
477 ORIENTAL WAY STE LLC
RUTHERFORD NJ 07070
US**



2. Principal Place of Business
2001 W Kennedy Blvd
Suite, Apt. #, etc.

3. Mailing Address
C/O MYROSLAW SMORODSKY
Suite, Apt. #, etc.
477 ORIENT WAY, Suite LLC

CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL
Zip
33606 Country
US

City & State
RUTHERFORD NJ
Zip
07070 Country
US

4. FEI Number **59-3197535**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HANLEY, WILLIAM K
2001 W. KENNEDY BLVD.
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **DONALD HANLEY**
Street Address (P.O. Box Number is Not Acceptable)
2001 W. Kennedy Blvd.
City **TAMPA** FL Zip Code **33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | HANLEY, WILLIAM K | |
| STREET ADDRESS | 7 SHEPARD ROAD | |
| CITY-ST-ZIP | WARWICK NY 10090 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | HANLEY, DONALD | |
| STREET ADDRESS | 126 HACKETT PLACE, APT. 203A | |
| CITY-ST-ZIP | RUTHERFORD NJ 07070 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COLIN B. HANLEY | |
| STREET ADDRESS | 27 FRANKLIN AVENUE | |
| CITY-ST-ZIP | WALLINGTON, NJ 07057 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **COLIN B. HANLEY** 2/11/03 201-567-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)