

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000017395**

1. Entity Name

**LEASE ASSET MANAGEMENT, INC.****FILED****Feb 13, 2001 8:00 am  
Secretary of State**

02-13-2001 90578 002 \*\*\*150.00

Principal Place of Business

**5217 COCONUT CREEK PKWY  
POMPANO BEACH FL 33063**

Mailing Address

**11825 N. PENNSYLVANIA ST.  
DEPT. A2A  
CARMEL IN 46032****00000000**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**B2B**

City &amp; State

City &amp; State

4. FEI Number **65-0734379**

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

**JONES, R. KENNON, ESQ. CT Corporation System  
5217 KENNON JONES, ESQ 1200 S. Pine Island Road  
SUITE 590 Plantation, FL 33324  
POMPANO BEACH FL 33063**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DYER, WILLIAM B 5217 COCONUT CREEK PWY POMPANO BEACH FL 33063</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP William T. Devanney, Jr. 11825 N. Pennsylvania Street Carmel, IN 46032</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB LARKIN, JAMES J 11825 N. PENNSYLVANIA ST. CARMEL IN 46032</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEOCBT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD COMBS, ANDREW S 745 FIFTH AVE. - STE 2700 NEW YORK NY 10151</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Richard R. Dykhous 11825 N. Pennsylvania Street Carmel, IN 46032</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT HASELEY, TIMOTHY W 11825 N. PENNSYLVANIA ST. CARMEL IN 46032</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPCFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Michael Bonnet 745 Fifth Avenue, Suite 2700 New York, NY 10151</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard R. Dykhous (317) 817-6000

Date

Daytime Phone #

CR2E034 (10/00)

Attachment  
D/F. p. 17/20/17395  
AUBAGU

Lease Asset Management, Inc.

DIRECTORS

\*Michael F. Bonnet  
James J. Larkin

OFFICERS

<u>Name</u>	<u>Office</u>
James J. Larkin	President , Chief Executive Officer, Chairman of the Board and Treasurer
William T. DeVanney, Jr.	Senior Vice President, Corporate Taxes
Timothy W. Haseley	Vice President and Chief Financial Officer
Richard R. Dykhouse	Secretary

The address for the Director marked with \* is 745 Fifth Ave., Suite 2700, New York, NY 10151.  
The address for the Officers and Directors is 11825 N. Pennsylvania St., Carmel, IN 46032.