

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90030 042 \*\*\*150.00

427609

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P97000017395

**1. Entity Name**

LEASE ASSET MANAGEMENT, INC.

**Principal Place of Business**

5217 COCONUT CREEK PKWY

POMPANO BEACH FL 33063

**Mailing Address**

11825 N. PENNSYLVANIA ST., DEPT B2B

CARMEL, IN 46032

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number** 65-0734379

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM

1200 S PINE ISLAND RD.

PLANTATION FL 33324

**7. Name and Address of New Registered Agent**

**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 \$350.00**  
**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**

<b>TITLE</b>	PCOBTD JAMES J LARKIN	<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>	11825 N. PENNSYLVANIA ST., CARMEL, IN 46032	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	SVP WILLIAM T. DEVANNEY, JR.	<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>	11825 N. PENNSYLVANIA ST., CARMEL, IN 46032	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	S RICHARD R. DYKHOUSE	<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>	11825 N. PENNSYLVANIA ST., CARMEL, IN 46032	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Richard R. Dykhous*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD R. DYKHOUSE, SECRETARY

2/27/02

317-817-6000

Date

Daytime Phone #

CR2E034 (11/00)

CONSECO SERVICES, L.L.C.  
11815 N. Pennsylvania Street  
P.O. Box 1911  
Carmel, Indiana 46082-1911

427609



March 1, 2002

Florida Department of State  
Secretary of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32399

RE: 2002 Uniform Business Report

Dear Sir or Madam:

Enclosed for filing please find the 2002 Uniform Business Report for the following companies. A check in the amount of \$150.00 is enclosed separately for each company for the fees associated with this filing.

- PERFORMANCE MATTERS ASSOCIATES
- K.F. AGENCY
- CONSECO SECURITIES
- NAL MORTGAGE CORPORATION
- CONSECO LIFE INSURANCE COMPANY
- CONSECO MEDICAL INSURANCE COMPANY
- PIONEER LIFE INSURANCE COMPANY
- MANHATTAN NATIONAL LIFE INSURANCE COMPANY
- CONSECO VARIABLE INSURANCE COMPANY
- WASHINGTON NATIONAL INSURANCE COMPANY
- SPECIAL FINANCE, INC.
- AUTORICS, II
- PERFORMANCE CARS OF SOUTH FLORIDA
- MDS OF NEW JERSEY
- LEASE ASSET MANAGEMENT

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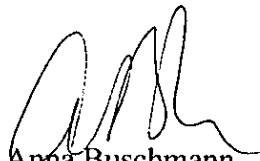
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11815 N. Pennsylvania Street  
P.O. Box 1911  
Carmel, Indiana 46082-1911



Thank you for your immediate processing of this report. If you have any questions concerning this filing, please do not hesitate to contact the undersigned.

Sincerely,



Anna Buschmann  
Corporate Paralegal  
1-800-888-4918, ext. 6344  
(317)817-6344

Enclosures