

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90013 001 ***550.00

0147026 AB

DOCUMENT # P98000049084

1. Entity Name

CREDEX AUTO LEASING & FINANCE, INC.



Principal Place of Business
**5800 LANDERBROOK DRIVE
MAYFIELD HEIGHTS OH 44124**

Mailing Address
**5800 LANDERBROOK DRIVE
MAYFIELD HEIGHTS OH 44124**

2. Principal Place of Business

32125 SOLON RD.

3. Mailing Address

32125 SOLON RD.

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

SUITE 130

City & State

SOLON, OH

City & State

SOLON, OH

Zip

44139

Country

USA

Zip

44139

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0842881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAYLER, LEE B
1001 N US HIGHWAY ONE
SUITE 702
JUPITER FL 33477**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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** ☐ Delete
NAME **FRANKINO, SAMUEL J**
STREET ADDRESS **7108 EAGLE TERRACE**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **P** ☐ Delete
NAME **DODERO, LORRAINE**
STREET ADDRESS **30505 BAINBRIDGE RD. #150**
CITY-ST-ZIP **SOLON OH 44139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS **32125 SOLON RD, #130**
CITY-ST-ZIP **SOLON, OH 44139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

LORRAINE DODERO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/03 440-498-5100
Date Daytime Phone #

CR2E034 (4/03)