2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State
08-08-2002 90092 036 ***550.00

DOCUMENT# 850818

1. Entity Name
BANKERS LEASING CORPORATION

Principal Place of Business	Mailing Address
989 EAST HILLSDALE BLVD 300 FOSTER CITY CA 94404 US	989 EAST HILSDALE BLVD 300 FOSTER CITY CA 94404 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
450 Mamaroneck Ave.	250 Carpenter Freeway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	H03-17
City & State	City & State
Harrison, NY	Irving, TX
Zip / Country	Zip / Country
10528	75062

4. FEI Number 04-2210665 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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

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 $550.00
After September 13, 2002 Fee will be $750.00
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	PTD MAGLIETTA, SALVATORE J 450 MAMORNECK DR HARRISON NY 10528	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S. Curt A. Schultz 450 Mamaroneck Ave Harrison. NY 10528	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWNE, EDMOND P. 989 EAST HILSDALE BLVD FOSTER CITY CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Patrick C. Smith 250 Carpenter Freeway Irving, TX 75062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHUDEN, JOSEPH B 989 EAST HILLSDALE BLVD FOSTER CITY CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Edward S. MUndy 450 Mamaroneck Ave. Harrison, NY 10528	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPRATT, ROBERT B. 989 E. HILLSDALE BLVD FOSTER CITY CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Amirapu Somasekhar 450 Mamaroneck Ave. Harrison, NY 10528	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP O'CONNOR, BRIAN 989 E. HILLSDALE BOULEVARD FOSTER CITY CA 94404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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: _____ Patrick C Smith 8/6/02 972-652-5239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #