

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90092 031 \*\*\*550.00

**DOCUMENT # 852986**

1. Entity Name  
**EAB LEASING CORP.**

Principal Place of Business  
**540 UPLAND AVE**  
**READING PA 19611-1970**

Mailing Address  
**540 UPLAND AVE**  
**READING PA 19611-1970**

**80133667**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**250 Carpenter Freeway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**H03-17**

City & State

City & State  
**Irving, TX**

4. FEI Number **23-1720013**

Applied For  
 Not Applicable

Zip

Country

Zip  
**75062**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>CEO</b> <b>DUGAN, BRENDAN J</b> <b>48 2ND ST</b> <b>BROOKLYN NY 11231</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Salvatore J. Maglietta</b> <b>450 Mamaroneck Ave.</b> <b>Harrison, NY 10528</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROMOFF, IRA Z</b> <b>2 WESTWIND COURT</b> <b>SADDLE RIVER NJ 07458</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Robert R. Goldberg</b> <b>450 Mamaroneck Ave.</b> <b>Harrison, NY 10528</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HORN, ALAN B</b> <b>75 HIGHLAND AVE</b> <b>SEA CLIFF NY 11579</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Patrick C. Smith</b> <b>250 Carpenter Freeway</b> <b>Irving, TX 75062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>ORDWAY, ROBERT</b> <b>15 VALLEY DRIVE</b> <b>BIRDSBORO PA 19508</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Steve Solk</b> <b>450 Mamaroneck Ave.</b> <b>Harrison, NY 10528</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>ENGELHARDT, BRIAN C ESQ.</b> <b>13 HARRY AVENUE</b> <b>SHILLINGTON PA 19607</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Brian Madison</b> <b>1 International Blvd</b> <b>Mahwah NJ 07430</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	<b>D</b> <b>Amirapu Somasekhar</b> <b>450 Mamaroneck Ave.</b> <b>Harrison, NY 10528</b> <input type="checkbox"/> Change <input checked="" 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: Patrick C Smith Date: 8/6/02 Daytime Phone #: 972-652-5239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)