

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90141 008 ***150.00

DOCUMENT # 852986

1. Entity Name
EAB LEASING CORP.



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

Mailing Address
**250 CARPENTER FREEWAY
H03-17
IRVING TX 75062**

2. Principal Place of Business
450 MAMARONECK AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HARRISON, NY

City & State

4. FEI Number
23-1720013

Applied For

Not Applicable

Zip
10528

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGLIETTA, SLAVATORE J 450 MAMARONECK AVE HARRISON NY 10528	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDBERG, ROBERT R 450 MAMARONECK AVE HARRISON NY 10528	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, PATRICK C 250 CARPENTER FREEWAY IRVING TX 75062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ORDWAY, ROBERT 15 VALLEY DRIVE BIRDSBORO PA 19508	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLK, STEVE 450 MAMARONECK AVE HARRISON NY 10528	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMASEKHAR, AMIRAPU 450 MAMARONECK AVE HARRISON NY 10528	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID SMITH 450 MAMARONECK AVE. HARRISON, NY 10528	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Madison 2 International Blvd., 10th Floor Mahwah, NJ 07430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date Daytime Phone #

CR2E034 (10/02)

EAB Leasing Corp

Attachment
20028393
#852980

Principal Place of Business:

450 Mamaroneck Avenue
Harrison, NY 10528

Mailing Address:

CitiCapital Financial Control
250 E. Carpenter Freeway
Mail Stop: H03-17
Irving, TX 75062

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	David Smith	450 Mamaroneck Ave. Harrison, NY 10528
Senior Vice President	Patrick C. Smith	250 Carpenter Freeway Irving, Texas 75062
Secretary	Robert R. Goldberg	450 Mamaroneck Ave. Harrison, NY 10528

DIRECTORS

<u>Name</u>	<u>Address</u>
Steve Solk	450 Mamaroneck Ave. Harrison, NY 10528
Brian Madison	1 International Blvd 10 th Floor Mahwah, NJ 07430
Amirapu Somasekhar	450 Mamaroneck Ave. Harrison, NY 10528