

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90168 036 ***150.00

DOCUMENT # P12015
 1. Entity Name
NEOPOST LEASING, INC.

Principal Place of Business 30955 HUNTWOOD AVENUE HAYWARD CA 94544	Mailing Address 30955 HUNTWOOD AVENUE HAYWARD CA 94544
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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 \$550.00
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		<input checked="" type="checkbox"/> Delete
TITLE P	NAME MAHLSTEDT, NEIL D	<input checked="" type="checkbox"/>
STREET ADDRESS 944 SHORELINE ROAD LBS		
CITY-ST-ZIP BARRINGTON IL		
TITLE VPCS	NAME DICKESON, STEPHEN M	<input type="checkbox"/>
STREET ADDRESS 4425 GREENS COURT		
CITY-ST-ZIP LIVERMORE CA		
TITLE VPFC	NAME DICKESON, STEPHEN M	<input type="checkbox"/>
STREET ADDRESS 4425 GREENS COURT		
CITY-ST-ZIP LIVERMORE CA		
TITLE D	NAME MAHLSTEDT, NEIL D	<input type="checkbox"/>
STREET ADDRESS 944 GREENS CT		
CITY-ST-ZIP LIVERMORE CA		
TITLE D	NAME THIERY, DENIS	<input type="checkbox"/>
STREET ADDRESS 113 RUE JEAN-MARIN NAUDIN		
CITY-ST-ZIP BAGNEUX, FRANCE 92-2201		
TITLE D	NAME DICKENSON, STEPHEN M	<input type="checkbox"/>
STREET ADDRESS 30955 HUNTWOOD AVE.		
CITY-ST-ZIP HAYWARD CA 94544		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE President	NAME Anthony G. Adkins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS 4659 Gate Tree Circle			
CITY-ST-ZIP Pleasanton, CA 94566			
TITLE 	NAME 779 Nandina Ct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS Fremont, CA 94539			
CITY-ST-ZIP Fremont, CA 94539			
TITLE 	NAME 944 Shoreline Road LBS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS Barrington, IL 60010			
CITY-ST-ZIP Barrington, IL 60010			
TITLE 	NAME 	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 			
CITY-ST-ZIP 			

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: STEPHEN M. DICKESON 4/24/01 (510)459-6800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)