

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002228

FILED  
Apr 11, 2011  
Secretary of State

Entity Name: TRS LEASING, INC.

**Current Principal Place of Business:**

309 N 5TH ST  
NORFOLK, NE 68701

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1448  
NORFOLD, NE 68702

**New Mailing Address:**

FEI Number: 52-2356700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WALTERS, KELLY A  
Address: 309 N 5TH ST  
City-St-Zip: NORFOLK, NE 68701

Title: TREA  
Name: WALTER, DAVID L  
Address: 309 N 5TH ST  
City-St-Zip: NORFOLK, NE 68701

Title: VP  
Name: SCARPELLO, CORRINE L  
Address: 309 NORTH 5TH STREET  
City-St-Zip: NORFOLK, NE 68701

Title: VP  
Name: GILBERT, STEVE C  
Address: 309 NORTH 5TH STREET  
City-St-Zip: NORFOLK, NE 68701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY A WALTERS

PRES

04/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date