


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90182 041 \*\*\*150.00

**DOCUMENT # F98000001269**

1. Entity Name  
**MANUFACTURERS HANOVER LEASING INTERNATIONAL CORP.**



Principal Place of Business  
**712 MAIN STREET 24TH FLOOR TX2-E074 HOUSTON, TX 77002**

Mailing Address  
**712 MAIN STREET 24TH FLOOR TX2-E074 HOUSTON, TX 77002**

**40060284**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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. 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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
T NAME FINNERAN, TIMOTHY J STREET ADDRESS 100 EASTBROAD ST., OH1-0252 CITY-ST-ZIP COLUMBUS, OH 43215	<input checked="" type="checkbox"/> Delete
S NAME LONG, ROBERT A JR STREET ADDRESS 10 SOUTH DEARBORN, IL1-0573 CITY-ST-ZIP CHICAGO, IL 60603	<input type="checkbox"/> Delete
DVS NAME KUSACK, JR, WILLIAM P STREET ADDRESS 10SOUTH DEARBORN, IL1-0502 CITY-ST-ZIP CHICAGO, IL 60603	<input type="checkbox"/> Delete
DVS NAME PEREIRO, FRANCISCO J STREET ADDRESS 10 SOUTH DEARBORN, IL1-0502 CITY-ST-ZIP CHICAGO, IL 60603	<input type="checkbox"/> Delete
D NAME HENNESSY, PAUL C STREET ADDRESS 270 PARK AVE., NY1-K476 CITY-ST-ZIP NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete
SV NAME GARGULA, PAUL A STREET ADDRESS 10 SOUTH DEARBORN, IL1-0502 CITY-ST-ZIP CHICAGO, IL 60603	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME MANOLA, ELLEN J STREET ADDRESS 10 SOUTH DEARBORN IL1-0502 CITY-ST-ZIP CHICAGO IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
AT NAME DROZEK, FRANK J STREET ADDRESS 10 SOUTH DEARBORN IL1-0308 CITY-ST-ZIP CHICAGO IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Frank J Drozek  07-20-07 312-407-8060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #