

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001269

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10 SOUTH DEARBORN  
IL1-0502  
CHICAGO, IL 60603

**New Principal Place of Business:**

10 SOUTH DEARBORN  
IL1-0502  
CHICAGO, IL 60603 US

**Current Mailing Address:**

10 SOUTH DEARBORN  
IL1-0308  
CHICAGO, IL 60603

**New Mailing Address:**

10 SOUTH DEARBORN  
IL1-0308  
CHICAGO, IL 60603 US

**FEI Number:** 13-2784280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: T  
Name: MANOLA, ELLEN  
Address: 10 SOUTH DEARBORN IL1-0502  
City-St-Zip: CHICAGO, IL 60603 US

Title: S  
Name: MEADE, COLLEEN  
Address: 4 NEW YORK PLAZA NY1-E238  
City-St-Zip: NEW YORK, NY 10004 US

Title: D  
Name: KUSACK JR, WILLIAM  
Address: 10 SOUTH DEARBORN IL1-0502  
City-St-Zip: CHICAGO, IL 60603 US

Title: P  
Name: PEREIRO, FRANCISCO  
Address: 10 SOUTH DEARBORN IL1-0502  
City-St-Zip: CHICAGO, IL 60603 US

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: COLLEEN MEADE

S

04/29/2011

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

\_\_\_\_\_  
Date