

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103478

1. Entity Name
INTERSTATE LEASE CO., INC.



Principal Place of Business
**11490 COMMERCE PARK DR
SUITE 500
RESTON, VA 20191**

Mailing Address
**11490 COMMERCE PARK DR
SUITE 500
RESTON, VA 20191**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0904321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000132689
04/27/04-80058-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMPAGNA, JOSEPH F 11490 COMMERCE PARK DR STE 500 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD CAMPAGNA, JOHN C 11490 COMMERCE PARK DRIVE, SUITE 500 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS PARKER, MICHAEL 11490 COMMERCE PARK DRIVE, SUITE 500 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Joseph F. Campagna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/04

Daytime Phone #

703-758-2270