


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000246	
1. Entity Name LIBERTY FINANCIAL COMMERCIAL LEASING GROUP, INC.	

Principal Place of Business 7 CHURCH ROAD HATFIELD, PA 19440	Mailing Address 7 CHURCH ROAD HATFIELD, PA 19440
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03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-3033029	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MADONNA, LOUIS G
3113 SOUTH OCEAN DRIVE (#1001
HALLANDALE, FL 33009

**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 *G. Thomas Madonna* 04/01/05
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, 2005 Fee will be \$550.00**

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

1000000288562
04/05/05-80013-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MADONNA, G. THOMAS 847 APRIL HILL WAY HARLEYSVILLE, PA 19438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAERZ, ERICH P 643 NORTHFIELD LANE HARLEYSVILLE, PA 19438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CUCCARBE, JOANNE 410 TURNBERRY WAY SOUDERTON, PA 18964
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEGROAT, R. MICHAEL 714 HARTRANFT AVENUE FT WASHINGTON, PA 19438
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)(f), 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: *G. Thomas Madonna* 04/01/05 215-946-5026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #