

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002677

1. Entity Name
XEROX LEASE EQUIPMENT LLC



Principal Place of Business
800 LONG RIDGE RD., MAIL STOP 2-4-B9
STAMFORD, CT 06904

Mailing Address
800 LONG RIDGE RD., MAIL STOP 2-4-B9
STAMFORD, CT 06904



03222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1632264

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIVERA, JOHN F
800 LONG RIDGE RD.
STAMFORD, CT 069041600

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SEEGAL, RHONDA L
800 LONG RIDGE RD.
STAMFORD, CT 06904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARRISON, RICHARD
470 EXCHANGE ST.
GENEVA, NY 144560353

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEE, SAMUEL K
800 LONG RIDGE ROAD
STAMFORD, CT 06904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SHEIVACHMAN, MARK
800 LONG RIDGE ROAD
STAMFORD, CT 06904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000294360
04/11/05-80104-013 50.00

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #