2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# F00000003709

Entity Name: ALLSTATE LEASING, INC.

Current Principal Place of Business:

9428 REISTERSTOWN ROAD
OWINGS MILLS, MD 21117

New Principal Place of Business:

Current Mailing Address:

9428 REISTERSTOWN ROAD
OWINGS MILLS, MD 21117

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	SMITH, DAVID D	
Address:	23 WALKER AVENUE	
City-St-Zip:	BALTIMORE, MD 21208	
Title:	CEO	( ) Delete
Name:	FADER, STEVEN B	
Address:	23 WALKER AVENUE	
City-St-Zip:	BALTIMORE, MD 21208	
Title:	DV	( ) Delete
Name:	FADER, JEROME H	
Address:	23 WALKER AVENUE	
City-St-Zip:	BALTIMORE, MD 21208	
Title:	P	( ) Delete
Name:	BARON, BRENT Z	
Address:	9428 REISTERSTOWN ROAD	
City-St-Zip:	OWINGS MILLS, MD 21117	
Title:	S	( ) Delete
Name:	ROSSMARK, GAIL K	
Address:	9428 REISTERSTOWN ROAD	
City-St-Zip:	OWINGS MILLS, MD 21117	
Title:	T	( ) Delete
Name:	KING, PAUL N	
Address:	9428 REISTERSTOWN ROAD	
City-St-Zip:	OWINGS MILLS, MD 21117	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL N KING TRES 01/24/2006

Electronic Signature of Signing Officer or Director — Date