

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

(ANNUAL REPORT)

# 14306 = 150.00

**FILED**  
**Jun 06, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P12015

1. Entity Name  
 NEOPOST LEASING, INC.



Principal Place of Business  
 30955 HUNTWOOD AVENUE  
 HAYWARD, CA 94544

Mailing Address  
 30955 HUNTWOOD AVENUE  
 HAYWARD, CA 94544



05302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **94-2984524** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P/D  
 NAME O'BRIEN, CHRISTOPHER  
 STREET ADDRESS 30955 HUNTWOOD AVE  
 CITY-ST-ZIP HAYWARD, CA 94544

TITLE VPD  
 NAME DICKESON, STEPHEN  
 STREET ADDRESS 30955 HUNTWOOD AVE  
 CITY-ST-ZIP HAYWARD, CA 94544

TITLE S  
 NAME SHANKLE, KIRK  
 STREET ADDRESS 30955 HUNTWOOD AVE  
 CITY-ST-ZIP HAYWARD, CA 94544

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

000000785948  
 06/06/07-80001-016 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/07 570 475-3900