

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808351

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC6390856319**

**Entity Name:** THE MOTORLEASE CORPORATION

**Current Principal Place of Business:**

1506 NEW BRITAIN AVE  
FARMINGTON, CT 06032

**Current Mailing Address:**

1506 NEW BRITAIN AVE  
FARMINGTON, CT 06032

**FEI Number: 06-0805450**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            CEO  
Name            KANDRYSAWTZ, ELISABETH L  
Address        1506 NEW BRITAIN AVE  
City-State-Zip: FARMINGTON CT 06032

Title            VP  
Name            PELEHACH, JOSEPH  
Address        1506 NEW BRITAIN AVE  
City-State-Zip: FARMINGTON CT 06032

Title            CONTROLLER  
Name            MESICK, JUSTIN  
Address        1506 NEW BRITAIN AVE  
City-State-Zip: FARMINGTON CT 06032

Title            GM, FLEET OPERATIONS  
Name            PERKINS, JEFFREY R  
Address        1506 NEW BRITAIN AVE  
City-State-Zip: FARMINGTON CT 06032

Title            VP  
Name            LUTZ, BRADFORD  
Address        1506 NEW BRITAIN AVE  
City-State-Zip: FARMINGTON CT 06032

*I hereby 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 all other like empowered.*

**SIGNATURE: JUSTIN MESICK**

**CONTROLLER**

**02/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date