

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002228

**Entity Name:** TRS LEASING, INC.

**Current Principal Place of Business:**

1800 WEST PASEWALK AVENUE SUITE 200  
NORFOLK, NE 68701

**Current Mailing Address:**

P O BOX 1448  
NORFOLD, NE 68702

**FEI Number:** 52-2356700

**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 VICE PRESIDENT  
Name GANTT, JONATHAN J  
Address 1800 WEST PASEWALK AVENUE  
SUITE 200  
City-State-Zip: NORFOLK NE 68701

Title PRESIDENT  
Name BLACKHAM, JAMES WILLIAM  
Address 1800 WEST PASEWALK AVENUE  
SUITE 200  
City-State-Zip: NORFOLK NE 68701

Title VP  
Name CAVEY, ARINN  
Address 1800 WEST PASEWALK AVENUE  
SUITE 200  
City-State-Zip: NORFOLK NE 68701

Title VP  
Name DOUGAN, JEFFREY W  
Address 1800 WEST PASEWALK AVENUE  
SUITE 200  
City-State-Zip: NORFOLK NE 68701

Title TREASURER  
Name MORLAND, PATRICIA  
Address 1800 WEST PASEWALK AVENUE  
SUITE 200  
City-State-Zip: NORFOLK NE 68701

Title SECRETARY  
Name GREEN, LAUREN  
Address 1800 WEST PASEWALK AVENUE  
SUITE 200  
City-State-Zip: NORFOLK NE 68701

*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:** PATRICIA MORLAND

**TREASURER**

**04/11/2016**

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

\_\_\_\_\_  
Date