

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27555

Entity Name: AT&T CAPITAL SERVICES, INC.**Current Principal Place of Business:**36 S. FAIRVIEW AVE.
FIRST FLOOR
PARK RIDGE, IL 60068-4016**Current Mailing Address:**36 S. FAIRVIEW AVE.
FIRST FLOOR
PARK RIDGE, IL 60068-4016 US**FEI Number:** 36-3284986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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	PRESIDENT
Name	MASON , JEFFREY R.
Address	36 S. FAIRVIEW AVE. FIRST FLOOR
City-State-Zip:	PARK RIDGE IL 60068-4016

Title	TREASURER
Name	GOEKE, GEORGE B.
Address	36 S. FAIRVIEW AVE. FIRST FLOOR
City-State-Zip:	PARK RIDGE IL 60068-4016

Title	SECRETARY
Name	WILSON , PAUL M.
Address	36 S. FAIRVIEW AVE. FIRST FLOOR
City-State-Zip:	PARK RIDGE IL 60068-4016

Title	ASSISTANT VICE PRESIDENT - TAX
Name	JOHNSON, GARY E.
Address	36 S. FAIRVIEW AVE. FIRST FLOOR
City-State-Zip:	PARK RIDGE IL 60068-4016

Title	DIRECTOR - TAX
Name	DIORIO, KAREN
Address	36 S. FAIRVIEW AVE. FIRST FLOOR
City-State-Zip:	PARK RIDGE IL 60068-4016

Title	DIRECTOR - TAX
Name	FISHER, LINDA A.
Address	36 S. FAIRVIEW AVE. FIRST FLOOR
City-State-Zip:	PARK RIDGE IL 60068-4016

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: KAREN DIORIO**DIRECTOR - TAX****03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date