2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501102

Entity Name: ENTERPRISE LEASING COMPANY

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	DRATE PARK [•		
Current Mailing Address:				New Mailing Address:			
C/O MARK I. LITOW 600 CORPORATE PARK DRIVE ST. LOUIS, MO 63105 US							
FEI Number: 59-1664426 FEI Number Applied For () FEI Num			FEI Numbe	nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of						f New Regis	stered Agent:
CT CORPORATION SYSTEM 1200 S. 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							Pate
		Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VDT () D SNYDER, WILLIA 600 CORPORATE ST. LOUIS, MO	E PARK DR.	Na Ad	tle: ame: ddress: ity-St-Zip:	SNYDER, W	RATE PARK D	
Title: Name: Address: City-St-Zip:	S () E LITOW, MARK I 600 CORPORATE ST. LOUIS, MO 6		Na Ac	tle: ame: ddress: ity-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	V () E ALBRECHT, ROB 6800 N. DALE MA TAMPA, FL 3361	\BRY HY #158	Na Ad	tle: ame: ddress: ity-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	DP () D ROSS, DONALD 600 CORPORATE ST. LOUIS, MO 6	L. E PARK DR	Na Ac	tle: ame: ddress: ity-St-Zip:	NICHOLSON	RATE PARK D	
Title: Name: Address: City-St-Zip:	V ()ENESTOR, DAVID 600 CORPORATE ST. LOUIS, MO	E PARK DR	Na Ad	tle: ame: ddress: ity-St-Zip:	ADAMSON, E	RATE PARK D	,
Title: Name: Address: City-St-Zip:	V () E LEVINE, ALAN D 5105 JOHNSON I COCONUT CREE		Na Ac	tle: ame: ddress: ity-St-Zip:		()Change() Addition

I hereby certify that the information supplied with this filing does not qualify 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: MARKILITOW S 04/16/2009