

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824920

FILED
Apr 22, 2009
Secretary of State

Entity Name: CONTINENTAL LEASING COMPANY INC.

Current Principal Place of Business:

175 MIDDLESEX TURNPIKE
BEDFORD, MA 01730

New Principal Place of Business:

Current Mailing Address:

175 MIDDLESEX TURNPIKE
BEDFORD, MA 01730

New Mailing Address:

FEI Number: 04-2297141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES MCCANN
4615 MEADOW LARK LANE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCANN, JAMES F. JR.
Address: 175 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: C () Delete
Name: MCCANN, JAMES F.
Address: 175 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: ST () Delete
Name: BUNT, JAMES
Address: 175 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: D (X) Delete
Name: HILL, BOB
Address: 175 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: VP () Delete
Name: MCCANN, KEVIN
Address: 175 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: CEO () Delete
Name: NARDELLA, MARY
Address: 175 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES BUNT

CFO

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date