2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #826673 02-15-2005 90019 026 ***150.00 1. Entity Name CITICORP LEASING, INC. Principal Place of Business Mailing Address CITICORP LEASING, INC. CITICORP LEASING, INC. 40018607 **450 MAMARONECK AVENUE** 450 MAMARONECK AVENUE HARRISON, NY 10528 HARRISON, NY 10528 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 13-2640703 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, based or printed name of registered agent and title if apolicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees APPITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Change X Addition David H. Smith MAGLIETTA, SAL NAME NAME 150 Mamoioneck Ave STREET ADDRESS **450 MAMARONECK AVENUE** STREET ADDRESS CITY-ST-ZIP HARRISON, NY 10528 farrison, NY 10528 CITY-ST-7IP TITI F Delete TITLE ☐ Change X Addition Dönny S. Stone 250 E. Carpenter Freeway NAME ABERLER, THOMAS NAME STREET ADDRESS 450 MAMARONECK AVE STREET ADDRESS CITY-ST-ZiP HARRISON, NY 10528 CITY-ST-7IP 171114 TR 75062 Delete TITLE TITLE Change ☐ Addition MILLER, JAMES NAMÉ STREET ADDRESS **450 MAMARONECK AVENUE** STREET ADDRESS CITY-ST-2P HARRISON, NY 10528 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition Robert R. Goldberg GOLDBERG, ROBERT R NAME NAME 450 mannar meck Avu 450 MAMARONECK AVENUE STREET ADDRESS STREET ADDRESS NIWYORK NY 10528 CITY-ST-ZIP HARRISON, NY CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change inthony Cracchiolo NAME DELFOE, ROBERT NAME 450 mamaroneck AUC STREET ADDRESS 450 MAMARONECK AVENUE STREET ADDRESS CITY-ST-ZIP HARRISON, NY CITY-ST-ZIP Harrison, NY 10628 Delete TITLE AVP ☐ Chance Addition isa Bravender LEFKO, WILLIAM R NAME NAME 250 & Carpenter Freway 450 MAMARONECK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HARRISON, NY CITY-ST-7IP Irving, Ta 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ISA BRAVENDER 1-31.05

FILED Feb 15, 2005 8:00 am