

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90020 027 \*\*\*150.00

**DOCUMENT # 829044**

1. Entity Name  
**S AND A LEASING CORP**



**40079548**



Principal Place of Business  
**6500 INTERNATIONAL PARKWAY  
C/O TAX DEPT.  
PLANO, TX 75093**

Mailing Address  
**P.O. BOX 261830  
C/O TAX DEPT.  
PLANO, TX 75026-1830 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**75-1361847**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., STE 105  
TALLAHASSEE, FL 32301**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOODY, JEFF	
STREET ADDRESS	6500 INTERNATIONAL PKWY STE 1000	
CITY-ST-ZIP	PLANO, TX 75093	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERLAIN, ROBIN	
STREET ADDRESS	6500 INTERNATIONAL PKWY STE 100	
CITY-ST-ZIP	PLANO, TX 750938228	
TITLE	DAS	<input checked="" type="checkbox"/> Delete
NAME	BARTA, ERIN K	
STREET ADDRESS	6500 INTERNATIONAL PKWY STE 100	
CITY-ST-ZIP	PLANO, TX 750938228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, CHARLES	
STREET ADDRESS	6500 INTERNATIONAL PKWY STE 1000	
CITY-ST-ZIP	PLANO, TX 75093	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CLARK, KEITH	
STREET ADDRESS	6500 INTERNATIONAL PKWY STE 1000	
CITY-ST-ZIP	PLANO, TX 75093	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERLAIN, ROBIN	
STREET ADDRESS	6500 INTERNATIONAL PKWY STE 1000	
CITY-ST-ZIP	PLANO, TX 75093	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT THOMAS RUNCO	
STREET ADDRESS	6500 INTERNATIONAL PKWY	
CITY-ST-ZIP	PLANO, TX 75093	
TITLE	SR VP, SECRETARY, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY WILSON	
STREET ADDRESS	6500 INTERNATIONAL PKWY	
CITY-ST-ZIP	PLANO, TX 75093	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA DILLARD	
STREET ADDRESS	6500 INTERNATIONAL PKWY	
CITY-ST-ZIP	PLANO, TX 75093	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:**

*JM WSM*

**VICE PRESIDENT**

**4-10-07**

**972-588-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #