FILED Apr 26, 2007 8:00 am Secretary of State

2001	TOR FROEIT CORFORA	
	ANNUAL REPORT	

DOCUMENT # 829524 1. Entity Name UNITED STATES FLEET LEASING, INC.					04-26-2007	90227 01	7 ***150	0.00		
Principal Place of Business 250 CARPENTER FREEWAY IRVING, TX 75062 US		Mailing Address JASON MARCHESE 3800 CITIBANK CENTER DR BLDG G2-18 TAMPA, FL 33610 US		400v	E IIEIB 18181 81145 MEG ESE	1	1811 BIBN 8181	 		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			ING							
Suite, Apt. #, etc.		P.O. BOX 31276		04162007	Chg-P	CR2E034	(12/06)			
City & State		fampa, F1		4. FEI Numb 94-157				plied For t Applicable		
Zip	Country	331031	OSA	5. Certificate	e of Status Desired		B.75 Add e Required			
	6. Name and Address of Current	Registered Agent	Name	7. Name and	d Address of New F	legistered Ag	ent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL. 33324			Street Address (P.O. Box Number is Not Acceptable)							
			City			FL	Zip Code	e ,		
	named entity submits this statement fo	r the purpose of changing its reg	I istered office or reg	istered agent, or bo	oth, in the State of Fi		niliar with,	and accept		
the obligations of registered agent. SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing										
10.	. OFFICERS AND	DIRECTORS	11.		L /CHANGES TO OFF			S IN 11		
TITLE NAME Street address City+St-Zip	PCEO ALEMANY, ELLEN 250 E CARPENTER FREEWAY IRVING, TX 75062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	156T. SEC 200341 1800 CIF	Gomes Geove	iveeri enter	□ Change ♪	ampa FI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERT G 250 E CARPENTER FREEWAY IRVING, TX 75062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS JOVEN, ROBERT W 250 E CARPENTER FREEWAY IRVING, TX 75062	r+). □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP ANDERSON, KERRY 250 E CARPENTER FREEWAY IRVING, TX 75062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAGA, PAULA A 3800 CITIGROUP CENTER DR TAMPA, FL 33610	Delete BLDG G2-3	TITLE NAME STREET ADDRESS CITY-SI-ZIP				_ Change	Addition		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	AS MARCHESE, JASON 2800 CITIBANK CTR TAMPA, FL 33610	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	Addition		
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: Daytime Phone # Daytim										
1	SIGNATURE AND TOPPED OR	rmunicu name utysjöning ühhlüer or E	/INEU I UH		1 Date	Day	THE PROPERTY.	ı		