


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90227 017 ***150.00

DOCUMENT # 829524

1. Entity Name
 UNITED STATES FLEET LEASING, INC.



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

4000300-



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

C/O LICENSING
P.O. Box 31226
Tampa, FL
336031 USA

04162007 Chg-P CR2E034 (12/06)

4. FEI Number
 94-1579328

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ALEMANY, ELLEN 250 E CARPENTER FREEWAY IRVING, TX 75062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SEC. / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBYN GOMEZ 3800 CITIGROUP CENTER DR TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERT G 250 E CARPENTER FREEWAY IRVING, TX 75062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS JOVEN, ROBERT W <i>Robert J.</i> <input type="checkbox"/> Delete 250 E CARPENTER FREEWAY IRVING, TX 75062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP ANDERSON, KERRY <input type="checkbox"/> Delete 250 E CARPENTER FREEWAY IRVING, TX 75062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAGA, PAULA A <input checked="" type="checkbox"/> Delete 3800 CITIGROUP CENTER DR BLDG G2-3 TAMPA, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARCHESE, JASON <input type="checkbox"/> Delete 2800 CITIBANK CTR TAMPA, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robyn Gomez* **4/19/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #