

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829524

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: UNITED STATES FLEET LEASING, INC.

## Current Principal Place of Business:

250 CARPENTER FREEWAY  
IRVING, TX 75062 US

## New Principal Place of Business:

3950 REGENT BLVD  
IRVING, TX 75063 US

## Current Mailing Address:

C/O LICENSING  
PO BOX 31226  
TAMPA, FL 33631 US

## New Mailing Address:

C/O LICENSING  
PO BOX 30509  
TAMPA, FL 33631 US

FEI Number: 94-1579328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: PCEO ( ) Delete  
Name: ALEMANY, ELLEN  
Address: 250 E CARPENTER FREEWAY  
City-St-Zip: IRVING, TX 75062 US

Title: D (X) Delete  
Name: COOK, ROBERT G  
Address: 250 E CARPENTER FREEWAY  
City-St-Zip: IRVING, TX 75062 US

Title: SVPS ( ) Delete  
Name: JOVEN, ROBERT J  
Address: 250 E CARPENTER FREEWAY  
City-St-Zip: IRVING, TX 75062 US

Title: ASVP ( ) Delete  
Name: ANDERSON, KERRY  
Address: 250 E CARPENTER FREEWAY  
City-St-Zip: IRVING, TX 75062

Title: AST (X) Delete  
Name: GOMEZ, ROBYN  
Address: 3800 CITIGROUP CENTER DR BLDG G2-3  
City-St-Zip: TAMPA, FL 33610

Title: AS (X) Delete  
Name: MARCHESI, JASON  
Address: 2800 CITIBANK CTR  
City-St-Zip: TAMPA, FL 33610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDIR (X) Change ( ) Addition  
Name: COOK, ROBERT  
Address: 3950 REGENT BLVD  
City-St-Zip: IRVING, TX 75063 US

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: LISA HOFFMAN

AVP

04/24/2008

Electronic Signature of Signing Officer or Director

Date