2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# 842924

Entity Name: FULL SERVICE LEASING CORP.

Current Principal Place of Business:

120 LONG RIDGE ROAD
STAMFORD, CT 06927

New Principal Place of Business:

Current Mailing Address:

120 LONG RIDGE ROAD
C/O EFS LEGAL DEPT
STAMFORD, CT 06927

New Mailing Address:

FEI Number: 06-0973758 **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 ROAD
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: D ( ) Delete
Name: BOBER, JOHN
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: V ( ) Delete
Name: WARD, BRIAN P
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: S ( ) Delete
Name: HALAS, PAUL J
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: P ( ) Delete
Name: URQUHART, J. ALEX JR
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: VFT ( ) Delete
Name: BERGABO, BJORN
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: AS ( ) Delete
Name: MATHEWS, KATHLEEN L
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: KATHLEEN L MATHEWS AS 03/24/2008

Electronic Signature of Signing Officer or Director — Date