

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842924

FILED  
Feb 23, 2010  
Secretary of State

Entity Name: FULL SERVICE LEASING CORP.

**Current Principal Place of Business:**

800 LONG RIDGE ROAD  
STAMFORD, CT 06927

**New Principal Place of Business:**

**Current Mailing Address:**

800 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  
Name: BOBER, JOHN  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: V  
Name: WARD, BRIAN P  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: S  
Name: HALAS, PAUL J  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: P  
Name: URQUHART, J. ALEX JR  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: VFT  
Name: BERGABO, BJORN  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: AS  
Name: FOWLER, LINDA  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

I hereby 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 all other like empowered.

SIGNATURE: LINDA FOWLER

AS

02/23/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date