

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842924

FILED
Mar 30, 2011
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

OFFICERS AND DIRECTORS:

Title: D
Name: RICHARDS, TAMMY
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: CHADWICK, ANA
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

03/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date