

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90227 007 ***150.00

DOCUMENT # 850818			
1. Entity Name BANKERS LEASING CORPORATION			
Principal Place of Business 450 MAMARONECK AVE HARRISON, NY 10528 US		Mailing Address 3800 CITI GROUP CENTER DR SUITE 2-18 TAMPA, FL 33610 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O Licensing P.O. Box 31226	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City, State	
Zip		Zip	
Country		Country	
4102007		Chg-P CR2E034 (12/06)	
4. FEI Number 04-2210665		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	PS HARCHESE, JASON 3800 CITIGROUP CENTER DR SUITE 2-18 TAMPA, FL 33610 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President / Director ☒ Change ☒ Addition LUIS MATUTE 6006 5th AVE NY, NY 10103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STOVE, DONNA S 250 E CARPENTER FREEWAY IRVING, TX 75063 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ☒ Change ☒ Addition John manion 909 3rd AVE NY, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUNDY, EDWARD S 450 MAMARONECK AVE. HARRISON, NY 10528 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP / ASST. CLERK ☐ Change ☒ Addition ALAN F. VARADE 450 MAMARONECK AVE HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, DAVID 450 MAMARONECK AVE HARRISON, NY 10528 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer / Director ☐ Change ☒ Addition KRISTEN HOLM 450 MAMARONECK AVE NY, NY 10528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALEMANY, ELLEN 399 PARK AVE NEW YORK, NY 10022 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARBER, MICHAEL G 2520 CARPENTER FREEWAY IRVING, TX 75063 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>Alan F. Varade</u> <u>ALAN F. VARADE</u> 4/10/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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