2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like composition

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # F0000001822 Jan 27, 2006 08:00 AN 1. Entity Name **Secretary of State** METRO TRUCK & TRACTOR LEASING, INC. Principal Place of Business Mailing Address 6730 INDUSTRIAL DRIVE 6730 INDUSTRIAL DRIVE BELTSVILLE MD 20705 BELTSVILLE MD 20705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 52-0987363 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 accerthe obligations of registered agent SIGNATURE Signature, typeri or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when romstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change NAME ALUISE, JOSEPH R SR. NAME U00000402740 02/03/06-80020-007 150.00 STREET ADDRESS 13804 LAKESIDE DRIVE STREET ADDRESS CITY-ST-7IP CLARKSVILLE MD 21029 CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change □ A..." NAME ALUISE, JOSEPH R JR. NAME STREET ADDRESS 225 BLACKHAW TRAIL STREET ADDRESS CITY-ST-ZIP WESTMINSTER MD 21158 CHY-ST-ZIP THE ☐ Delete THLE Change D Acer NAME ALUISE, LINDA L MAMA STREET ADDRESS STREET ADDRESS 13804 LAKESIDE DRIVE CITY-ST-ZIP CLARKSVILLE MD 21029 CHY-ST-ZIP TITLE ☐ Delete TITLE Change Acr MAINE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Aui TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BILE ☐ Delete ☐ Change III Accord NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direct 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