


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000003538	
1. Entity Name FIRSTMERIT LEASING COMPANY	

Principal Place of Business III CASCADE PLAZA AKRON, OH 44308-1103	Mailing Address III CASCADE PLAZA AKRON, OH 44308-1103
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1740040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RINEHART, KEVIN 106 SOUTH MAIN ST. AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRESKOVICH, MARK 106 SOUTH MAIN ST AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTON, TERRY 106 SOUTH MAIN ST. AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUJARSKI, STANLEY 106 SOUTH MAIN ST. AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80045-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stanley Hujarski / STANLEY J. HUJARSKI 4/28/05 330-849-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #