2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90024 036 ***150.00

DOCUMENT # F00000005935

1. Entity Name
TRUCKLEASE CORPORATION V# 173213

Principal Place of Business	Mailing Address
46 WEST BOYLSTON ST. WORCESTER, MA 01605	PO BOX 986 WORCESTER, MA 01613

03262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-2220218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, ELIOT 6847 CAMILLE ST. BOYNTON BEACH, FL 33437	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Eliot Cohen RA 3/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	P LARKIN, STEVE 16 LYNNWOOD DR. WORCESTER, MA 01609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPF HIDENFELTER, ALAN P 21-4 THAYER POND DRIVE NORTH OXFORD, MA 01537	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THOMAS, SUSAN J. 2052 ROUSE CREEK COURT ANN ARBOR, MI 48108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOONE, JOHN 4985 SUSANS WAY BLOOMFIELD HILLS, MI 48302	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Cooper American Rd Dearborn, MI 48121	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOERIANO, BIBIANA 12 PEMBROKE LANE DEARBORN, MI 48126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D A.J. Wagner American Rd Dearborn, MI 48121	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIBITS, MICHAEL E AMERICAN RD. DEARBORN, MI 48121	☒ 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 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: By: Alan P. Hidenfelter Alan P. Hidenfelter 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #