2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name
TRUCKLEASE CORPORATION V# 173213

Principal Place of Business	Mailing Address
46 WEST BOYLSTON ST.	PO BOX 986
WORCESTER, MA 01605	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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LARKIN, STEVE	NAME	
STREET ADDRESS	16 LYNNWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01609	CITY-ST-ZIP	
TITLE	VPF ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HIDENFELTER, ALAN P	NAME	
STREET ADDRESS	21-4 THAYER POND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NORTH OXFORD, MA 01537	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, SUSAN J.	NAME	
STREET ADDRESS	2052 ROUSE CREEK COURT	STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR, MI 48108	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	NOONE, JOHN	NAME	David Cosper
STREET ADDRESS	4985 SUSANS WAY	STREET ADDRESS	American Rd
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302	CITY-ST-ZIP	Dearborn, MI 48121
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BOERIANO, BIBIANA	NAME	A.J. Wagner
STREET ADDRESS	12 PEMBROKE LANE	STREET ADDRESS	American Rd
CITY-ST-ZIP	DEARBORN, MI 48126	CITY-ST-ZIP	Dearborn, MI 48121
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIBITS, MICHAEL E	NAME	
STREET ADDRESS	AMERICAN RD.	STREET ADDRESS	
CITY-ST-ZIP	DEARBORN, MI 48121	CITY-ST-ZIP	

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 #