

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000007045

1. Entity Name
RFS LEASING II, INC.



Principal Place of Business
420 S. ORANGE AVE
STE. 700
ORLANDO, FL 32801

Mailing Address
P.O. BOX 2226
ORLANDO, FL 32802

300143745133
02/17/09--01010--013 **300.00



2. Principal Place of Business - No P.O. Box
1 POST OFFICE SQUARE

3. Mailing Address
1 POST OFFICE SQUARE

Suite, Apt., etc.
3100

Suite, Apt., etc.
3100

12222008 REIN-P CR2E098 (1/07)

City & State
BOSTON, MA

City & State
BOSTON MA

4. FEI Number
62-1836999

Applied For
Not Applicable

Zip
02109

Country

Zip
02109

Country

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

THOMAS, STEPHANIE J
420 S. ORANGE AVENUE
STE. 700
ORLANDO, FL 32801

Name
CT Corporation System
1200 S Pine Island Rd, Suite 250
Plantation, Florida 33324

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its principal place of business, or registered office, or registered agent, or both, in the State of Florida. I am director, officer, and accept the obligations of registered agent.

SIGNATURE Connie Bryan

Connie Bryan
Assistant Secretary

2/2/09

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

FILE NAME	D HUTCHISON, THOMAS J III	☒ Delete
STREET ADDRESS	420 S. ORANGE AVE., STE 700	
CITY-STATE-ZIP	ORLANDO, FL 32801	
FILE NAME	T BLOOM, BARRY A.N	☒ Delete
STREET ADDRESS	420 S. ORANGE AVE., STE 700	
CITY-STATE-ZIP	ORLANDO, FL 32801	
FILE NAME	SSVP BLOOM, BARRY A.N.	☒ Delete
STREET ADDRESS	420 S. ORANGE AVE., STE. 700	
CITY-STATE-ZIP	ORLANDO, FL 32801	
FILE NAME	DP GRISWOLD, JOHN A	☒ Delete
STREET ADDRESS	420 S. ORANGE AVE., STE. 700	
CITY-STATE-ZIP	ORLANDO, FL 32801	
FILE NAME	AS THOMAS, STEPHANIE J	☒ Delete
STREET ADDRESS	420 S. ORANGE AVE., STE 700	
CITY-STATE-ZIP	ORLANDO, FL 32801	
FILE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 9/1/11

FILE NAME	P Karamjit S. Kalsi	☐ Change ☐ Addition
STREET ADDRESS	1585 Broadway	
CITY-STATE-ZIP	New York, NY 10036	
FILE NAME	D Michael J. Franco	☐ Change ☐ Addition
STREET ADDRESS	1585 Broadway	
CITY-STATE-ZIP	New York, NY 10036	
FILE NAME	D Michael T. Quinn	☐ Change ☐ Addition
STREET ADDRESS	1585 Broadway	
CITY-STATE-ZIP	New York, NY 10036	
FILE NAME	VP Daniel C. Wright	☐ Change ☐ Addition
STREET ADDRESS	1 Post Office Square Ste 3100	
CITY-STATE-ZIP	Boston MA, 02109	
FILE NAME	VP Warren Fields	☐ Change ☐ Addition
STREET ADDRESS	1 Post Office Square Ste 3100	
CITY-STATE-ZIP	Boston MA, 02109	
FILE NAME	VP Jim Dina	☐ Change ☐ Addition
STREET ADDRESS	1 Post Office Square Ste 3100	
CITY-STATE-ZIP	Boston MA, 02109	

12. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information contained in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as a sworn statement; that I am an officer or director of the corporation or the owner 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, as applicable, or on an addendum with an address, with all other data as required.

SIGNATURE [Signature] Daniel C. Wright

SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/17