


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90188 001 *1,800.00

DOCUMENT # F01000002026 1. Entity Name FSG LEASING CORP.	
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Principal Place of Business C/O FEDERATED CORP. SERVICES, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202	Mailing Address C/O FEDERATED CORP. SERVICES, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202
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DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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	C COLE, TOM 7 WEST SEVENTH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWARK, LARRY 5858 STATE BRIDGE ROAD DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOCKETT, STEVE 5858 STATE BRIDGE ROAD DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GLANCZ, FAYE 5858 STATE BRIDGE ROAD DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARIAPPA, PADMA T 7 WEST SEVENTH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COX, JACK B 7 WEST SEVENTH ST CINCINNATI, OH 45202

**DO NOT WRITE
IN THIS SPACE**

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:  **Jack B. Cox, Asst. Secretary** **4/15/05 (513)579-7311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

