2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # F01000002026 FILED 1. Entity Name FSG LEASING CORP. 06 APR 19 AM 9: 00 TALL AMS TE, FLORIDA Principal Place of Business Mailing Address C/O FEDERATED CORP. SERVICES, INC. C/O FEDERATED CORP. SERVICES, INC. 7 WEST SEVENTH STREET 7 WEST SEVENTH STREET CINCINNATI. OH 45202 CINCINNATI, OH 45202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E034 (11/05) Cha-P City & State City & State 4. FFI Number Applied For 52-2214552 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition CEO COLE, TOM NAME NAME STREET ADDRESS 7 WEST SEVENTH ST. STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-ZIP P/CIO TITLE ☐ Delete TITI F 🗷 Chance ☐ Addition LEWARK, LARRY NAME NAME 5858 STATE BRIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30097 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 000072758450 04/28/06--01035--006 **18 NAME STOCKETT, STEVE NAME STREET ADDRESS 5858 STATE BRIDGE ROAD STREET ADDRESS **1800.00 CITY-ST-ZIP DULUTH, GA 30097 CITY-ST-ZIP TITLE VT ☐ Delete SVP&T TITLE Change ☐ Addition GLANCZ, FAYE NAME NAME 5858 STATE BRIDGE ROAD STREET ADORESS STREET ADDRESS DULUTH, GA 30097 CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change Addition CARIAPPA, PADMA T NAME NAME 7 WEST SEVENTH ST. STREET ADDRESS STREET ADDRESS CINCINNATI, OH 45202 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition COX, JACK B NAME NAME 7 WEST SEVENTH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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. 4/13/06 (513) 579-7311 Jack B. Cox, Asst. Secretary

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #