

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002026

FILED
Apr 26, 2007
Secretary of State

Entity Name: FSG LEASING CORP.

Current Principal Place of Business:

C/O FEDERATED CORP. SERVICES, INC.
7 WEST SEVENTH STREET
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

C/O FEDERATED CORP. SERVICES, INC.
7 WEST SEVENTH STREET
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 52-2214552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: COLE, TOM
Address: 7 WEST SEVENTH ST.
City-St-Zip: CINCINNATI, OH 45202

Title: PCIO () Delete
Name: LEWARK, LARRY
Address: 5858 STATE BRIDGE ROAD
City-St-Zip: DULUTH, GA 30097

Title: SVT () Delete
Name: GLANCZ, FAYE
Address: 5858 STATE BRIDGE ROAD
City-St-Zip: DULUTH, GA 30097

Title: S () Delete
Name: CARIAPPA, PADMA T
Address: 7 WEST SEVENTH ST.
City-St-Zip: CINCINNATI, OH 45202

Title: AS () Delete
Name: COX, JACK B
Address: 7 WEST SEVENTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCIO (X) Change () Addition
Name: LEWARK, LARRY
Address: 5986 STATE BRIDGE ROAD
City-St-Zip: DULUTH, GA 30097

Title: SVP (X) Change () Addition
Name: GLANCZ, FAYE
Address: 5986 STATE BRIDGE ROAD
City-St-Zip: DULUTH, GA 30097

Title: S (X) Change () Addition
Name: BALICKI, LINDA J
Address: 611 OLIVE STREET
City-St-Zip: ST. LOUIS, MO 63101

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT () Change (X) Addition
Name: SZAMES, BRIAN M
Address: 7 WEST 7 TH STREET
City-St-Zip: CINCINNATI, OH 45202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK B. COX

AS

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date