


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002213 1. Entity Name THE MARYLAND EQUIP LEASING CO. INC.	
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Principal Place of Business 53 LOVETON CIR 100 SPARKS, MD 21152	Mailing Address 53 LOVETON CIRCLE, #100 SPARKS, MD 21152
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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2303627	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNER, DENNIS M 53 LOVETON CIRCLE, #100 SPARKS, MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRIDER, DANIEL J 17801 GEORGIA AVE. OLNEY, MD 20832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRANGER, BARBARA J 53 LOVETON CIRCLE, #100 SPARKS, MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUYKENDALL, RON 17801 GEORGIA AVENUE OLNEY, MD 20832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLER, HUNTER R 53 LOVETON CIRCLE, #100 SPARKS, MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000440270
03/02/06-80034-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **Dennis M. Horner, Pres.** 2-16-06 410-472-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #