

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # F02000006119

1. Entity Name
KEYSTONE EQUIPMENT FINANCE CORP.



Principal Place of Business
**433 NEW PARK AVENUE
WEST HARTFORD, CT 06110**

Mailing Address
**433 NEW PARK AVENUE
WEST HARTFORD, CT 06110**



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1601080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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, 2007 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	CD KAUFMAN, ALAN H 433 NEW PARK AVENUE WEST HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMAZEEN, PAULA J 433 NEW PARK AVENUE WEST HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAUFMAN, TODD A 433 NEW PARK AVENUE WEST HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOCK, WILLIAM R 1211 AVENUE OF THE AMERICAS, 44TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80099-023 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA J. AMAZEEN

Date

Daytime Phone #

2/20/07