


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000000246	
1. Entity Name LIBERTY FINANCIAL COMMERCIAL LEASING GROUP, INC.	

Principal Place of Business 7 CHURCH ROAD HATFIELD, PA 19440	Mailing Address 7 CHURCH ROAD HATFIELD, PA 19440
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**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-3033029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MADONNA, LOUIS G 3113 SOUTH OCEAN DRIVE (#1001 HALLANDALE, FL 33009	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating) _____ <small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000082174 03/09/04-80019-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MADONNA, G. THOMAS 847 APRIL HILL WAY HARLEYSVILLE, PA 19438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAERZ, ERICH P 643 NORTHFIELD LANE HARLEYSVILLE, PA 19438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CUCCIARRE, JOANNE 410 TURNBERRY WAY SOUDERTON, PA 18964
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEGROAT, R. MICHAEL 714 HARTRANFT AVENUE FT WASHINGTON, PA 19438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/02/04 215-996-5656 <small>Date Daytime Phone #</small>
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G. Thomas Madonna, President