

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000246

FILED  
Feb 26, 2007  
Secretary of State

**Entity Name:** LIBERTY FINANCIAL COMMERCIAL LEASING GROUP, INC.

**Current Principal Place of Business:**

7 CHURCH ROAD  
HATFIELD, PA 19440

**New Principal Place of Business:**

**Current Mailing Address:**

7 CHURCH ROAD  
HATFIELD, PA 19440

**New Mailing Address:**

**FEI Number:** 23-3033029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADONNA, LOUIS G  
3113 SOUTH OCEAN DRIVE (#1001  
HALLANDALE, FL 33009 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: P ( ) Delete  
Name: MADONNA, G. THOMAS  
Address: 847 APRIL HILL WAY  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: S ( ) Delete  
Name: MAERZ, ERICH P  
Address: 643 NORTHFIELD LANE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: T ( ) Delete  
Name: DEGROAT, R. MICHAEL  
Address: 714 HARTRANFT AVENUE  
City-St-Zip: FT WASHINGTON, PA 19438

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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:** TOM MADONNA

P

02/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date