## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000002391

Entity Name: TD EQUIPMENT FINANCE, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5 COMMERCE PARK, NORTH BEDFORD, NH 03110						
Current Mailing Address:				New Mailing Address:		
PO BOX 9540 PORTLAND, ME 04112			P.O. E	LEGAL DEPARTMENT P.O. BOX 9540 PORTLAND, ME 04112		
FEI Number: 01-0381697 FEI Number Applied For ( ) FEI Num			El Number Not	nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	DERR, G. TODD 7 NEW ENGLANI BURLINGTON, M	Delete D EXECUTIVE PARK A 01803 Delete	Title: Name: Address City-St- Title:	SASSO, ANTHO	DALE ROAD , NJ 08034	
Name: Address: City-St-Zip:	FRIDLINGTON, J TWO PORTLAND PORTLAND, ME	OHN ) SQUARE	Name: Address City-St-	O'DONNELL, F S: TWO PORTLA	ND SQUARE	
Title: Name: Address: City-St-Zip:	DERR, G. TODD	Delete D EXECUTIVE PARK A 01803	Title: Name: Address City-St-	SASSO, ANTH	DALE ROAD	
Title: Name: Address: City-St-Zip:	D () E FRIDLINGTON, J TWO PORTLAND PORTLAND, ME	SQUARE	Title: Name: Address City-St-	O'DONNELL, F S: TWO PORTLA	ND SQUARE	
Title: Name: Address: City-St-Zip:	S () C OPPERMAN, JOH TWO PORTLAND PORTLAND, ME	SQ.	Title: Name: Address City-St-	S:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E O'DONNELL, RA' TWO PORTLAND PORTLAND, ME	SQUARE	Title: Name: Address City-St-	BACIGALUPO, s: 5 COMMERCE	PARK NORTH	

I hereby certify that the information supplied with this filing does not qualify 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: JOHN R. OPPERMAN S 04/13/2009