

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90273 001 \*\*\*300.00

**DOCUMENT # F03000003371**

1. Entity Name  
**SYMBOLEASE INC.**



Principal Place of Business  
**ONE SYMBOL PLAZA  
HOLTSVILLE, NY 11742-1300**

Mailing Address  
**ONE SYMBOL PLAZA  
HOLTSVILLE, NY 11742-1300**

**66008959**



2. Principal Place of Business - No P.O. Box #  
**One Motorola Plaza**

3. Mailing Address  
**One Motorola Plaza**

Suite, Apt. #, etc.  
**Mall Stop A-35**

Suite, Apt. #, etc.  
**Mall Stop A-35**

04152008 Chg-P CR2E034 (12/06)

City & State  
**Holtsville, NY**

City & State  
**Holtsville, NY**

4. FEI Number  
**11-3131437**

Applied For  
Not Applicable

Zip  
**11742-1300**

Country

Zip  
**11742-1300**

Country

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008 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  
**CEO  
DEVONSHIRE, DAVID W  
1303 EAST ALGONVIEW ROAD  
SCHAUMBURG, IL 601964041** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VAT  
LANGROCK, JAMES M  
ONE SYMBOL PLAZA  
HOLTSVILLE, NY 117421300** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BROWN, GREGORY  
1301 EAST ALGONQUIN ROAD  
SCHAUMBURG, IL 601964041** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVT  
MACLAUGHLAN, JAMES A  
1303 EAST ALGONQUIN ROAD  
SCHAUMBURG, IL 601964041** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SV  
STROBEL, STEVEN J  
1303 EAST ALGONQUIN ROAD  
SCHAUMBURG, IL 601964041** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LAWSON, PETER A  
1303 EAST ALGONQUIN ROAD  
SCHAUMBURG, IL 601964041** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
Paul Liska  
1303 E. Algonquin Rd  
Schaumburg, IL 60196-4041** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
Marc Rothman  
1301 E. Algonquin Rd  
Schaumburg, IL 60196-4041** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
Kathy Paladino  
1 Motorola Plaza  
Holtsville, NY 11742-1300** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Janet M. Riley  
1301 E Algonquin Rd  
Schaumburg, IL 60196-4041** ☐ Change ☒ Addition

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

**James M. Langrock**

**4/16/08 (631)738-2400**

# ATTACHMENT

66004959

#FO3000003371

Symbolease, Inc.  
FEIN: 11-3131437  
Officers & Directors

## Names and Addresses of Principal Officers:

Title	Name	Business Address	City, State, Zip
Chief Executive Officer	Paul Liska	1303 East Algonquin Road	Schaumburg, IL 60196-4041
Senior Vice President	Kathy Paladino	One Motorola Plaza	Holtsville, NY 11742-1300
Senior Vice President, Controller	Marc Rothman	1301 East Algonquin Road	Schaumburg, IL 60196-4041
Senior Vice President, Treasurer	Steven J. Strobel	1303 East Algonquin Road	Schaumburg, IL 60196-4041
Vice-President, Finance	James Langrock	One Motorola Plaza	Holtsville, NY 11742-1300
Assistant Secretary	Janet M. Riley	1303 East Algonquin Road	Schaumburg, IL 60196-4041

## Names and Addresses of Directors:

Name	Business Address	City, State, Zip
Janet M. Riley	1303 East Algonquin Road	Schaumburg, IL 60196-4041
Marc Rothman	1301 East Algonquin Road	Schaumburg, IL 60196-4041
Steven J. Strobel	1303 East Algonquin Road	Schaumburg, IL 60196-4041