2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003371

Entity Name: SYMBOLEASE INC.

FILED Feb 19, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
MAIL STOP	PROLA PLAZA A-35 E, NY 1174213	300				
Current Mailing Address:			New Mailii	New Mailing Address:		
ONE MOTOROLA PLAZA MAIL STOP A-35 HOLTSVILLE, NY 117421300						
FEI Number:	11-3131437	FEI Number Applied For () FEI N	umber Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Address:	CEO () D LISKA, PAUL 1303 B. ALGONW SCHAUMBURG, I	/IN RD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () D LANGROCK, JAM ONE SYMBOL PL HOLTSVILLE, NY	IES M AZA	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CONTE, PASQUALE ONE MOTOROLA PLAZA HOLTSVILLE, NY 117421300		
Title: Name: Address: City-St-Zip:	SVP () D RATHYMAN, MAR 1301 E. ALGONW SCHAUMBURG, I	C /IN RD.	Title: Name: Address: City-St-Zip:	TRES (X) Change () Addition RAYMOND, LARRY R 1301 E. ALGONWIN RD. SCHAUMBURG, IL 601964041		
Title: Name: Address: City-St-Zip:	SVP () D PALADINO, KATH 1 MOTOROLA PL HOLTSVILLE, NY	IY AZA	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition PALADINO, KATHY 1 MOTOROLA PLAZA HOLTSVILLE, NY 117421300		
Title: Name: Address: City-St-Zip:	S () D RILEY, JANET M 1301 E. ALGORU SCHAUMBURG, I	IN RD.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition LAWSON, A P 1301 E. ALGORUIN RD. SCHAUMBURG, IL 601964041		
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition RILEY, JANET M 1301 E ALGONQUIN RD SCHAUMBURG, IL 60196		

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: PASQUALE CONTE VP 02/19/2009