## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # F03000004652**

Entity Nam

NATIONAL EQUIPMENT MANAGEMENT AND LEASING,



Principal Place of Business

4300 NEW GETWELL RD. MEMPHIS, TN 38118

Mailing Address

4300 NEW GETWELL RD. MEMPHIS, TN 38118

## FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90201 001 \*\*\*600.00

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### DO NOT WRITE IN THIS SPACE

04112005 No Chg-P

CR2E034 (10/03)

4. FEI Number 62-1464296

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

# DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00		<ol> <li>Election Campaign Financial Trust Fund Contribution.</li> </ol>	ng 🗆	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS				
TITLE	C				
NAME	HAYES, MICHAEL J				
STREET ADDRESS	4300 NEW GETWELL RD.				
CITY-ST-ZIP	MEMPHIS, TN 38118				
TITLE	V <b>⊈</b> P				
NAME	REIER, JOHN D				
STREET ADDRESS	4300 NEW GETWELL RD.				
CITY-ST-ZIP	MEMPHIS, TN 38118				
TITLE	DS				
NAME	VAIL, CHARLES S				
STREET ADDRESS	4300 NEW GETWELL RD.			DΩ	NOT WRITE
CITY-ST-Z/P	MEMPHIS, TN 38118			DO	NOI WHILE
TITLE	VP		IN THIS SPACE		
NAME -	CASEY, JOHN A			11.4	IIIIS SPACE
STREET ADDRESS	4300 NEW GETWELL RD.				
CITY-ST-ZIP	MEMPHIS, TN 38118				
TITLE	Т				
NAME	SHORE, JERRY A				
STREET ADDRESS	4300 NEW GETWELL RD.				
CITY-ST-ZIP	MEMPHIS, TN 38118				

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05

901-238-2229

Daytime