

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90202 006 ***150.00

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1. Entity Name
SMT LEASING COMPANY



Principal Place of Business
**450 PLYMOUTH ROAD
SUITE 201
PLYMOUTH MEETING, PA 19462**

Mailing Address
**75 MILFORD ROAD
SUITE 201
HUDSON, OH 44236**

40080771



2. Principal Place of Business

3. Mailing Address
4201 Congress Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 410

02162006 Chg-P CR2E034 (11/05)

City & State

City & State
Charlotte, NC

4. FEI Number
34-1882477

Applied For
Not Applicable

Zip

Country

Zip

Country

28209

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MILLER, MICHAEL A**
STREET ADDRESS **86 JEFFERSON**
CITY-ST-ZIP **HUDSON, OH 44236**

TITLE **V** ☒ Delete
NAME **SANTANGELO, JENNIFER**
STREET ADDRESS **1810 SPERA LANE**
CITY-ST-ZIP **NORRISTOWN, PA 19403**

TITLE **V** ☐ Delete
NAME **REAM, LANCE**
STREET ADDRESS **71 DIVISION STREET**
CITY-ST-ZIP **HUDSON, OH 44236**

TITLE **S** ☐ Delete
NAME **ELLIS, STEPHEN C**
STREET ADDRESS **4730 SHERWIN ROAD**
CITY-ST-ZIP **WILLOUGHBY, OH 44094**

TITLE **TC** ☒ Delete
NAME **BROOMFIELD, DONALD G**
STREET ADDRESS **7511 WOODSPRING LANE**
CITY-ST-ZIP **HUDSON, OH 44236**

TITLE **VC** ☒ Delete
NAME **HOUSE, E. MICHEAL**
STREET ADDRESS **6610 ESTRO BLVD., UNIT #724**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Rich Miller**
STREET ADDRESS **911 Talamore Dr.**
CITY-ST-ZIP **Ambler, PA 19002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME **Ream, Lance R**
STREET ADDRESS **2228 Mirow Place**
CITY-ST-ZIP **Charlotte, NC 28270**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06
Date

704-887-6709
Daytime Phone #