

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

01-24-2006 90009 024 ***150.00

DOCUMENT # F05000004126					
1. Entity Name EQUILEASE FINANCIAL SERVICES, INC.					
Principal Place of Business 50 WASHINGTON STREET, SUITE 1211 SOUTH NORWALK, CT 06854			Mailing Address 50 WASHINGTON STREET, SUITE 1211 SOUTH NORWALK, CT 06854		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 34-2045397					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input type="checkbox"/> Delete SILVERHARDT, GARY 50 WASHINGTON STREET, SUITE 1211 SOUTH NORWALK, CT 06854				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ZWICK, GARY 50 WASHINGTON STREET, SUITE 1211 SOUTH NORWALK, CT 06854				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Delete MATTHEWS, CHARLES 50 WASHINGTON STREET, SUITE 1211 SOUTH NORWALK, CT 06854				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HANAK, ALESANDRA 50 WASHINGTON STREET, SUITE 1211 SOUTH NORWALK, CT 06854				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete MANDELL, ARTHUR 50 WASHINGTON STREET, SUITE 1211 SOUTH NORWALK, CT 06854				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete DUNN, SCOTT C 50 WASHINGTON STREET, SUITE 1211 SOUTH NORWALK, CT 06854				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM J. POSTILLONE 50 WASHINGTON ST. STE 1211 NORWALK, CT 06854				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William J. Postillone</u> 1/18/06 203 354 3654					



ATTACHMENT

66002451

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

EQUILEASE FINANCIAL SERVICES, INC.
50 WASHINGTON STREET, SUITE 1211
SOUTH NORWALK, CT 06854

Subject: **EQUILEASE FINANCIAL SERVICES, INC.**

Reference Number: **F05000004126**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION