

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004126

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** EQUILEASE FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

50 WASHINGTON STREET, 10TH FLOOR  
NORWALK, CT 06854

**New Principal Place of Business:**

**Current Mailing Address:**

50 WASHINGTON STREET, 10TH FLOOR  
NORWALK, CT 06854

**New Mailing Address:**

**FEI Number:** 34-2045397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: SILVERHARDT, GARY  
Address: 50 WASHINGTON STREET, 10TH FLOOR  
City-St-Zip: NORWALK, CT 06854

Title: V, T  
Name: DUNN, SCOTT C  
Address: 50 WASHINGTON STREET, 10TH FLOOR  
City-St-Zip: NORWALK, CT 06854

Title: VAS  
Name: MATTHEWS, CHARLES  
Address: 50 WASHINGTON STREET, 10TH FLOOR  
City-St-Zip: NORWALK, CT 06854

Title: AT  
Name: POSTIGLIONE, WILLIAM J  
Address: 50 WASHINGTON STREET, 10TH FLOOR  
City-St-Zip: NORWALK, CT 06854

I hereby 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 all other like empowered.

SIGNATURE: SCOTT C. DUNN

TREA

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date