



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90009 042 \*\*\*550.00

<b>DOCUMENT # F05000004674</b>					
<b>1. Entity Name</b> IDB LEASING, INC.					
<b>Principal Place of Business</b> 1001 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080			<b>Mailing Address</b> 511 FIFTH AVENUE LEGAL DEPARTMENT NEW YORK, NJ 10017		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 511 Fifth Avenue		40111100  	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Legal Department			
City & State		City & State New York, NY			
Zip	Country	Zip	Country		
10017		US		<b>4. FEI Number</b> 13-4090361	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KEINAN, DAVID C/O IDBANK 18851 NE 29TH AVENUE 6TH FLOOR AVENTURA, FL 33180			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> CORBETT, KEVIN		<b>TITLE</b> S	<b>NAME</b> Timothy Matteson	
<b>STREET ADDRESS</b> 511 FIFTH AVENUE	<b>CITY-ST-ZIP</b> NEW YORK, NY 10007		<b>STREET ADDRESS</b> 511 Fifth Avenue	<b>CITY-ST-ZIP</b> New York, NY 10017	
<b>TITLE</b> PD	<b>NAME</b> MILLER, RICHARD		<b>TITLE</b> S	<b>NAME</b> Timothy Matteson	
<b>STREET ADDRESS</b> 511 FIFTH AVENUE	<b>CITY-ST-ZIP</b> NEW YORK, NY 10017		<b>STREET ADDRESS</b> 511 Fifth Avenue	<b>CITY-ST-ZIP</b> New York, NY 10017	
<b>TITLE</b> S	<b>NAME</b> CAPPELLO, PAULA		<b>TITLE</b> S	<b>NAME</b> Timothy Matteson	
<b>STREET ADDRESS</b> 511 FIFTH AVENUE	<b>CITY-ST-ZIP</b> NEW YORK, NY 10017		<b>STREET ADDRESS</b> 511 Fifth Avenue	<b>CITY-ST-ZIP</b> New York, NY 10017	
<b>TITLE</b> CEVP	<b>NAME</b> BAUM, LISSA		<b>TITLE</b> S	<b>NAME</b> Timothy Matteson	
<b>STREET ADDRESS</b> 511 FIFTH AVENUE	<b>CITY-ST-ZIP</b> NEW YORK, NY 10017		<b>STREET ADDRESS</b> 511 Fifth Avenue	<b>CITY-ST-ZIP</b> New York, NY 10017	
<b>TITLE</b> D	<b>NAME</b> HERTZMAN, JERRY		<b>TITLE</b> S	<b>NAME</b> Timothy Matteson	
<b>STREET ADDRESS</b> 511 FIFTH AVENUE	<b>CITY-ST-ZIP</b> NEW YORK, NY 10017		<b>STREET ADDRESS</b> 511 Fifth Avenue	<b>CITY-ST-ZIP</b> New York, NY 10017	
<b>TITLE</b> DCFO	<b>NAME</b> KEHRER, THOMAS		<b>TITLE</b> S	<b>NAME</b> Timothy Matteson	
<b>STREET ADDRESS</b> 511 FIFTH AVENUE	<b>CITY-ST-ZIP</b> NEW YORK, NY 10017		<b>STREET ADDRESS</b> 511 Fifth Avenue	<b>CITY-ST-ZIP</b> New York, NY 10017	
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>Timothy Matteson, July 14, 2008, 212-551-8571</b>		
SIGNATURE - TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		