

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F06000001308



1. Entity Name  
CSL LEASECO, INC.

Principal Place of Business  
14160 DALLAS PARKWAY  
#300  
DALLAS, TX 75254

Mailing Address  
14160 DALLAS PARKWAY  
#300  
DALLAS, TX 75254

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 re-inlisting)

DATE

**FILE NOW!!- FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  Delete  
NAME COHEN, LAWRENCE A  
STREET ADDRESS 14160 DALLAS PARKWAY, #300  
CITY-ST-ZIP DALLAS, TX 75254

TITLE PD  Delete  
NAME JOHANNESSEN, KEITH N  
STREET ADDRESS 14160 DALLAS PARKWAY, #300  
CITY-ST-ZIP DALLAS, TX 75254

TITLE VP  Delete  
NAME HOLLAND, GLORIA M  
STREET ADDRESS 14160 DALLAS PARKWAY, #300  
CITY-ST-ZIP DALLAS, TX 75254

TITLE VPS  Delete  
NAME BRICKMAN, DAVID R  
STREET ADDRESS 14160 DALLAS PARKWAY, #300  
CITY-ST-ZIP DALLAS, TX 75254

TITLE T  Delete  
NAME BEATTIE, RALPH A  
STREET ADDRESS 14160 DALLAS PARKWAY, #300  
CITY-ST-ZIP DALLAS, TX 75254

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

David R. Brickman

1-25-07 972 770 5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



01052007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4165711**  Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent