

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005488

FILED
Jan 08, 2009
Secretary of State

Entity Name: COMMERCIAL EQUIPMENT LEASE CORPORATION

Current Principal Place of Business:

2292 OAKMONT WAY
EUGENE, OR 97401

New Principal Place of Business:

Current Mailing Address:

2292 OAKMONT WAY
EUGENE, OR 97401

New Mailing Address:

355 GOODPASTURE ISLAND RD
STE 200
EUGENE, OR 97401

FEI Number: 93-0878514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, JIM
Address: 2292 OAKMONT WAY
City-St-Zip: EUGENE, OR 97401

Title: V () Delete
Name: PARKER, GARY
Address: 2292 OAKMONT WAY
City-St-Zip: EUGENE, OR 97401

Title: S () Delete
Name: CARLIN, BRIAN
Address: 355 GOODPASTURE ISLD RD #200
City-St-Zip: EUGENE, OR 97401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FENSTERMACHER, BOB
Address: 355 GOODPASTURE ISLAND RD #200
City-St-Zip: EUGENE, OR 97401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN CARLIN

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01/08/2009

Electronic Signature of Signing Officer or Director

Date