2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

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Entity Name: SPRINGS LEASING CORPORATION

Current Principal Place of Business:

1201 WOOD RIDGE CENTER DR STE 100
CHARLOTTEE, NC 28217

New Principal Place of Business:

Current Mailing Address:

PO BOX 667817
CHARLOTTE, NC 282667817

New Mailing Address:

FEI Number: 57-0848647 **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

OFFICERS AND DIRECTORS:

Title: DP
Name: COWDEN, WILLIAM S JR
Address: 1201 WOOD RIDGE CENTER DR STE 100
City-St-Zip: CHARLOTTEE, NC 28217

Title: D
Name: CLOSE, ELLIOTT S
Address: 1040 MOUNT GALLANT RD
City-St-Zip: ROCK HILL, SC 29732

Title: AS
Name: MARSHALL, VICKIE
Address: 104 EAST SPRINGS
City-St-Zip: ST LANCASTER, SC 29720

Title: AS
Name: MORTON, SONIA
Address: 1201 WOOD RIDGE CENTER DR STE 100
City-St-Zip: CHARLOTTEE, NC 28217

Title: C
Name: ABRAHAM, LEAH K
Address: 1201 WOOD RIDGE CENTER DR STE 100
City-St-Zip: CHARLOTTEE, NC 28217

Title: D
Name: TAYLOR, WILLIAM G
Address: 104 EAST SPRINGS
City-St-Zip: ST LANCASTER, SC 29720

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: LEAH ABRAHAM CONT 04/14/2011

Electronic Signature of Signing Officer or Director Date