


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000001465 1. Entity Name DEER LEASING CO.	
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Principal Place of Business 101 KAPPA DRIVE PITTSBURGH, PA 15238	Mailing Address 101 KAPPA DRIVE PITTSBURGH, PA 15238
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1253356	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000151293
05/04/04 00039 023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORAVITZ, EDWARD 101 KAPPA DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SHAPIRA, DAVID S 101 KAPPA DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAIT, GERALD 101 KAPPA DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEIZENBAUM, NORMAN 101 KAPPA DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORTER, CHARLES 101 KAPPA DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NIMTZ, RICHARD H 101 KAPPA DRIVE PITTSBURGH, PA 15238

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04
Date

Daytime Phone #