

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003603

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: SUMMIT COMMERCIAL LEASING CORPORATION

## Current Principal Place of Business:

ONE FINANCIAL PLAZA  
2ND FLOOR  
PROVIDENCE, RI 02903

## New Principal Place of Business:

750 WALNUT AVE  
CRANFORD, NJ 07016

## Current Mailing Address:

ONE FINANCIAL PLAZA  
2ND FLOOR  
PROVIDENCE, RI 02903

## New Mailing Address:

401 N TRYON ST  
NC1-021-02-20  
CHARLOTTE, NC 28255

FEI Number: 22-2641272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT 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: CHAMIDES, RONALD H  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

Title: EVP ( ) Delete  
Name: KELL, WILLIAM  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

Title: VP (X) Delete  
Name: JACOBSON, KEITH R  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

Title: SVP (X) Delete  
Name: GAUTHIER, DAVID G  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

Title: SVPA (X) Delete  
Name: STEVENSON, SCOTT C  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

Title: VP (X) Delete  
Name: CROOK, SHEILA  
Address: ONE FINANCIAL PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOWERS, DOUGLAS H  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC (X) Change ( ) Addition  
Name: STEVENSON, SCOTT  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN D MAYS

SVP

04/27/2005

Electronic Signature of Signing Officer or Director

Date