

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000866

FILED
Apr 10, 2006
Secretary of State

Entity Name: CREDENTIAL LEASING CORPORATION

Current Principal Place of Business:

PO BOX 5967
HARRISBURG, PA 171100967

New Principal Place of Business:

Current Mailing Address:

PO BOX 5967
HARRISBURG, PA 171100967

New Mailing Address:

FEI Number: 23-1623915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIMMELBERGER, KIRK
420 W BOYNTON BEACH BLVD.
STE 203
BOYNTON BEACH, FL 33435 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: D () Delete
Name: SCHWAB, MORRIS
Address: 3020 GREEN ST
City-St-Zip: HARRISBURG, PA 17110

Title: D () Delete
Name: SCHWAB, RICHARD S
Address: 2932 GREEN ST
City-St-Zip: HARRISBURG, PA 17110

Title: DP () Delete
Name: SCHWAB, ANDREW E
Address: 4310 NEW YORK CT
City-St-Zip: HARRISBURG, PA 17112

Title: D () Delete
Name: SCHWAB, JAMES F
Address: 8207 PUMPKIN SEED
City-St-Zip: BALTIMORE, MD 21208

Title: D () Delete
Name: SCHWAB, ISRAEL
Address: 1312 LAUREL POINT CIRCLE
City-St-Zip: HARRISBURG, PA 17110

Title: T () Delete
Name: MESSNER, N ALAN
Address: 17 CUMBERLAND ESTATES DR
City-St-Zip: MECHANICSBURG, PA 17050

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: () 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 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: N. ALAN MESSNER

T

04/10/2006

Electronic Signature of Signing Officer or Director

Date