

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90133 009 ***150.00

DOCUMENT # F97000004055

1. Entity Name
AMERICAN BUSINESS LEASING, INC.



Principal Place of Business
**111 PRESIDENTIAL BLVD STE 215
BALA CYWD, PA 19004**

Mailing Address
**PO BOX 982
BALA CYNWYD, PA 19004**

2. Principal Place of Business
100 Penn Square East

3. Mailing Address
P.O. Box 42727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Philadelphia, PA

City & State
Philadelphia, PA

Zip
19107

Country
USA

Zip
19101

Country
USA

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number
23-2791065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SANTILLI, ANTHONY J JR
111 PRESIDENTIAL BLVD STE 215
BALA CYWD, PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUBEN, JEFFREY
111 PRESIDENTIAL BLVD STE 215
BALA CYWD, PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SANTILLI, BEVERLY
111 PRESIDENTIAL BLVD STE 215
BALA CYWD, PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MACBRIDE, KAREN
111 PRESIDENTIAL BLVD
BALA CYNWYD, PA 19004** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
AUNGST, RICHARD
111 PRESIDENTIAL BLVD STE 215
BALA CYWD, PA 19004** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100 Penn Square East
Philadelphia, PA 19107** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100 Penn Square East
Philadelphia, PA 19107** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100 Penn Square East
Philadelphia, PA 19107** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Anthony Santilli
100 Penn Square East
Philadelphia, PA 19107** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Mike Nixon
100 Penn Square East
Philadelphia, PA 19107** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **X**

Mike Nixon - Treasurer

5/13/04

215-940-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #