## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT #F97000005133



LOGIC LEASING, INC.

1. Entity Name

Principal Place of Business

Mailing Address

**FILED** Jan 12, 2006 8:00 am Secretary of State 01-12-2006 90164 028 \*\*\*150.00

**A0000773** 

2. Principal Place of Business   Sullic, Apt. 4, etc.   Sullic, Apt. 4, etc.   O1052006   ChgP   CR2E034 (11/05)    City 4 State   City 4 State   City 4 State   4, FEI Number   65-0560407   Not Applied For   Not Applied	SUITE 1400			PHH ARVAL, 940 RIDGEBROOK ROAD Attn: Legal Department Sparks, MD 21152					III DAM DEIDI AM	N ELOGO O EFFE O CIT	1 <b>111</b> 6 (6 <b>1016</b>	
City & State  Country  Cou	2. Principal Place of Business 3.			3. Mailing Address								
Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Requirem   Street Address of Current Registered Agent   T. Name and Address of New Registered Agent   T. Name and Address	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052006	Chg-P	CR2E034	4 (11/05)		
S. Certificate of Status Desired   S. Certificate of Status Desired   See Required   For Require	City & State			City & State							<u> </u>	
Nume    Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		ip Count		try		5. Certificate of	of Status Desired			
CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHASSEE, FL 32301  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am turnilliar with, and accept the obligations of registered agent.  SIGNATURE  Spaces, hydro private area of registered agent agent.  MARC STREET ADDRESS D.00  After May 1, 2006 Fee will, be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE: PCEO DIVISION DIRECTORS CITY-ST-2P  TRIE LANGESS DIVISION DIVISION DIVISION DIRECTORS CITY-ST-2P  TRIE LANGESS DIVISION DI	6. Name and Address of Current Registered Agent							7. Name and	Address of New I	Registered Ag	jent	
SIGNATURE  TILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee wilk be \$550.00  TILE  POED  TILE  TILE  POED  TILE  TILE  POED  TI						Name						
S. 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  Synews, yield or preied remore of registered agent and the fepplicable. (NOTE: Registered Agent synable required when readstray)  DATE  FILE HOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PCEO  FLYNN, JOHN J  FLYNN, JOHN J  STREET ADDRESS  CITY-ST-2P  FORT LAUDERDALE, FL 33316  CITY-ST-2P  TITLE  SVP  WYSHNER, DAVID  SHEET ADDRESS  CITY-ST-2P  TITLE  SVP  WEIKEL, JOSEPH W  SHEET ADDRESS  CITY-ST-2P  TITLE  SVP  WITHERBY, FREDRICK R.H. JR  STREET ADDRESS  CITY-ST-2P  Address change:  WITHERBY, FREDRICK R.H. JR  STREET ADDRESS  CITY-ST-2P  LIGHTHOUSE POINT, FL 33064  TITLE  WARE  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  LIGHTHOUSE POINT, FL 33064  TITLE  CFO  GILLIS, CHRIS  STREET ADDRESS  CITY-ST-2P  DAVIE, FL 33328	1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE    Symbol to present nerve of registered agent and use of registered Agent and part and use of registered Agent and part and use of registered Agent and added to fever and use of registered Agent and added to fever a						City			<u> </u>	FL	Zip Code	9
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITLE FLYNN, JOHN J FLYNN, JOHN J FORT LAUDERDALE, FL 33316  CITY-ST-2P  TITLE WYSHNER, DAVID STREET ADDRESS CITY-ST-2P  SHORT HILLS, NJ 07078  TITLE WEIKEL, JOSEPH W STREET ADDRESS CITY-ST-2P  TITLE WITHERBY, FREDRICK R.H. JR STREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE WITHERBY, FREDRICK R.H. JR STREET ADDRESS CITY-ST-2P	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											
After May 1, 2006 Fee wilk be \$550.00  Trust Fund Contribution.												
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SVP WEIKEL, JOSEPH W STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE SVP WEIKEL, JOSEPH W STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33328 CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33328 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33328 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33328 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY	FILE MOST FEE TO \$139.90						<b>\$5.</b> 0 Adde	00 May Be ad to Fees				
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NAME KILROY, GEORGE NAME STREET ADDRESS 7110 CHARLES SPRING WAY STREET ADDRESS		· ·	NA/AV			- 1						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Joseph Weikel

01/05/06

410-771-2336

Daytime Phone #