

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005466

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: SMBC LEASING AND FINANCE, INC.

## Current Principal Place of Business:

277 PARK AVE., 5TH FL.  
NEW YORK, NY 10172

## New Principal Place of Business:

## Current Mailing Address:

277 PARK AVE., 5TH FL.  
NEW YORK, NY 10172

## New Mailing Address:

FEI Number: 13-3222956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: C ( ) Delete  
Name: GINN, WILLIAM  
Address: 277 PARK AVE., 5TH FL.  
City-St-Zip: NEW YORK, NY 10172

Title: S ( ) Delete  
Name: HUTTA, JANE  
Address: 58 E. 1 ST 3A  
City-St-Zip: NEW YORK, NY 10003

Title: P ( ) Delete  
Name: WARD, DAVID  
Address: 277 PARK AVENUE, 5TH FL.  
City-St-Zip: NEW YORK, NY 10172

Title: D ( ) Delete  
Name: HIGASHI, SHUNTARO  
Address: 277 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10172

Title: D ( ) Delete  
Name: TAKASHIMA, MAKATO  
Address: 277 PARK AVE  
City-St-Zip: NEW YORK, NY 10172

Title: D ( ) Delete  
Name: MOROOKA, KENICHI  
Address: 277 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10172

## 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: D (X) Change ( ) Addition  
Name: FUJISAWA, TETSUFUMI  
Address: 277 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10172

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: DAVID A WARD

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date