2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# F97000005466

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: 277 PARK AVE., 5TH FL.
City-St-Zip: NEW YORK, NY 10172

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

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

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

Title: D ( ) Delete
Name: TONOIKE, TETSUYA
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: ISONO, TSUYOSHI
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 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 04/02/2009

Electronic Signature of Signing Officer or Director — Date