


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 049 ***150.00

DOCUMENT # F98000001269					
1. Entity Name MANUFACTURERS HANOVER LEASING INTERNATIONAL CORP.					
Principal Place of Business 712 MAIN STREET 24TH FLOOR TX2-E074 HOUSTON, TX 77002			Mailing Address 712 MAIN STREET 24TH FLOOR TX2-E074 HOUSTON, TX 77002		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-2784280	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, E H 712 MAIN STREET 24-CBBE-74 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINNERAN, TIMOTHY J 100 EAST BROAD STREET OH1-0252 COLUMBUS OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ADDY, MICHAEL V 712 MAIN STREET 02-CBBN-53 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, ROBERT A (JR) 10 SOUTH DEARBORN IL1-0573 CHICAGO IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV MCKINNEY, LELAND L 712 MAIN STREET 24-CBBE-377 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV KUSACK JR, WILLIAM P 10 SOUTH DEARBORN IL1-0502 CHICAGO IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILCOX, NEIL H 707 TRAVIS 04-CBBN-45 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV PEREIRO, FRANCISCO J 10 SOUTH DEARBORN IL1-0502 CHICAGO IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TULLOCH, GARY 712 MAIN STREET 24-CBBE-377 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSY, PAUL C 270 PARK AVENUE NY1-K476 NEW YORK NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ADDITION DROZEK, FRANK J 10 SOUTH DEARBORN IL1-0308 CHICAGO IL 60603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV GARGULA, PAUL A 10 SOUTH DEARBORN IL1-0502 CHICAGO IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Frank J. Drozek			312-407-8060		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		