

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90071 030 ***150.00

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1. Entity Name
TOYOTA LEASING, INC.



40014321



01242005 Chg-P CR2E034 (10/03)

4. FEI Number
33-0755530

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent--

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **STILLO, JOHN**
STREET ADDRESS **19001 S. WESTERN AVE.**
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **President** ☒ Change ☐ Addition
NAME **Chris Ballinger**
STREET ADDRESS **19001 S. Western Ave.**
CITY-ST-ZIP **Torrance, CA 90501**

TITLE **T** ☐ Delete
NAME **NAGASHINO, TADASHI**
STREET ADDRESS **19001 S. WESTERN AVE.**
CITY-ST-ZIP **TORRANCE, CA 90501**

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

TITLE **D** ☐ Delete
NAME **LATHAM, W.**
STREET ADDRESS **19001 S. WESTERN AVE.**
CITY-ST-ZIP **TORRANCE, CA 90501**

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

TITLE **S** ☒ Delete
NAME **COHEN, ALAN**
STREET ADDRESS **19001 S. WESTERN AVE.**
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **David Tadamaru**
STREET ADDRESS **19001 S. Western Ave.**
CITY-ST-ZIP **Torrance, CA 90501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Tadashi Nagashino, Executive VP/Treasurer

(310) 468-3835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #