2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000005822

1. Entity Name
COLONIAL PACIFIC LEASING CORPORATION

FILED
05 MAR 21 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3000 LAKESIDE DRIVE SUITE 200N BANNOCKBURN, IL 60015 US	3000 LAKESIDE DRIVE SUITE 200N BANNOCKBURN, IL 60015 US

03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2125048
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP
NAME	TOENISKOETTER, STEVEN J
STREET ADDRESS	3000 LAKESIDE DRIVE, SUITE 200N
CITY-ST-ZIP	BANNOCKBURN, IL 60015
TITLE	DT
NAME	MAYO, MARK K
STREET ADDRESS	3000 LAKESIDE DRIVE, SUITE 200N
CITY-ST-ZIP	BANNOCKBURN, IL 60015
TITLE	DVP
NAME	CLARK, PHILLIP
STREET ADDRESS	3000 LAKESIDE DRIVE, SUITE 200N
CITY-ST-ZIP	BANNOCKBURN, IL 60015
TITLE	S
NAME	KELLER, SARA LEE
STREET ADDRESS	3000 LAKESIDE DRIVE, SUITE 200N
CITY-ST-ZIP	BANNOCKBUN, IL 60015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700049894337
04/05/05--01036--003 **218.75

DO NOT WRITE IN THIS SPACE

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: Sara Lee Keller 3.11.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. GE Capital Colonial Pacific Leasing
   Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

   3000 Lakeside Drive, Suite 200N
   Mailing Address of Business

   Bannockburn | IL | 60015
   City | State | Zip Code

3. Florida County of principal place of business: Mulitple
   (see instructions if more than one county)

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

1. _____ (Last | First | M.I.)
   _____ Address
   _____ City | State | Zip Code

2. _____ (Last | First | M.I.)
   _____ Address
   _____ City | State | Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Colonial Pacific Leasing Corporation
   Entity Name
   3000 Lakeside Drive, Suite 200N
   Address
   Bannockburn | IL | 60015
   City | State | Zip Code
   Florida Registration Number F98000005822
   FEI Number: 522125048
   ☐ Applied for ☐ Not Applicable

2. _____
   Entity Name
   G05095900009
   Address 04/05/05 01036 003 **218.75
   _____ City | State | Zip Code
   Florida Registration Number _____
   FEI Number: _____
   ☐ Applied for ☐ Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Dana Lee Keller 3.11.05
Signature of Owner | Date

Phone Number: _____

_____
Signature of Owner | Date

Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____

_____, which was registered on _____ and was assigned

registration number _____

_____
Signature of Owner | Date

_____
Signature of Owner | Date

Mark the applicable boxes ☑ Certificate of Status — $10 ☐ Certified Copy — $30

NON-REFUNDABLE PROCESSING FEE: $50