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)

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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

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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	

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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 #