



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90390 019 ***150.00

DOCUMENT # F99000000932 1. Entity Name FRANKLIN EQUITY LEASING CO.					
Principal Place of Business 9811 SOUTH FORTY DRIVE ST LOUIS, MO 63124			Mailing Address 202 HAGLEY BLDG., SUITE 100 3411 SILVERSIDE ROAD WILMINGTON, DE 19810		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 HAGLEY BLDG, STE 100 Suite, Apt. #, etc. 3411 SILVERSIDE RD			
City & State 		City & State WILMINGTON, DE		4. FEI Number 43-1179083	
Zip 	Country 	Zip 19810	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NOONAN, W. JAMES 9811 SOUTH FORTY DRIVE SAINT LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO SICINSKI, KENNETH 3 CHRISTY DR., STE 201 CHADDS FORD, PA 19317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAUST, GREGORY A 9811 SOUTH FORTY DRIVE SAINT LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMPERT, SPENCER 100 HAGLEY BLDG., 3411 SILVERSIDE RD. WILMINGTON, DE 19810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKUMURA, TAKESHI 235 E. 40TH ST. NEW YORK, NY 10016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYDE, KAREN 9811 SOUTH FORTY DR. SAINT LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTER, MICHAEL C 100 HADLEY BLDG., 3411 SILVERSIDE RD. WILMINGTON, DE 19810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RITTER, MICHAEL C. 3 CHRISTY DR., STE 201 CHADDS FORD, PA 19317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kenneth J. Sicinski</u> Kenneth J. Sicinski 4/19/04 610-717-1911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					