

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90024 017 ***150.00

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01172005 Chg-P CR2E034 (10/03)

DOCUMENT # F99000000932 1. Entity Name FRANKLIN EQUITY LEASING CO.																																																																																																																																																																													
Principal Place of Business 9811 SOUTH FORTY DRIVE ST LOUIS, MO 63124			Mailing Address 100 HAGLEY BLDG, STE. 100 341151 WILMINGTON, DE 19810																																																																																																																																																																										
2. Principal Place of Business 3 Christy Drive Suite, Apt. #, etc. Suite 201		3. Mailing Address 3 Christy Drive Suite, Apt. #, etc. Suite 201		4. FEI Number 43-1179083 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																									
City & State Chadds Ford, PA		City & State Chadds Ford, PA																																																																																																																																																																											
Zip 19102		Zip 19102																																																																																																																																																																											
Country USA		Country USA																																																																																																																																																																											
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 _____ 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 _____ <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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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: <u><i>Kenneth J. Lick</i></u> 1/27/05 610-717-1911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																													