

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90087 034 \*\*\*150.00

**DOCUMENT # F99000004723**

1. Entity Name  
**COMMERCIAL TRAILER LEASING, INC.**



Principal Place of Business  
**390 TONNELE AVENUE**  
**JERSEY CITY, NJ 07306**

Mailing Address  
**390 TONNELE AVENUE**  
**JERSEY CITY, NJ 07306**

**94039267**

2. Principal Place of Business  
**1207 TONNELLO AVE.**

3. Mailing Address  
**1207 TONNELLO AVE.**



03242004 Chg-P CR2E034 (10/03)

City & State  
**NORTH BERGEN, NJ**

City & State  
**NORTH BERGEN, NJ**

Zip  
**07047**

Country

4. FEI Number  
**22-1773730**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 **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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	EISEN, STEPHEN	
STREET ADDRESS	390 TONNELE AVENUE	
CITY-ST-ZIP	JERSEY CITY, NJ 07306	
TITLE	V	
NAME	GOTTSEGEN, GREGG	
STREET ADDRESS	390 TONNELE AVENUE	
CITY-ST-ZIP	JERSEY CITY, NJ 07306	
TITLE	D	
NAME	EISEN, DAVID	
STREET ADDRESS	390 TONNELE AVENUE	
CITY-ST-ZIP	JERSEY CITY, NJ 07306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	P		
NAME	EISEN, STEPHEN		
STREET ADDRESS	1207 TONNELLO AVE.		
CITY-ST-ZIP	NORTH BERGEN, NJ 07047		
TITLE	V		
NAME	GOTTSEGEN, GREGG		
STREET ADDRESS	1207 TONNELLO AVE.		
CITY-ST-ZIP	NORTH BERGEN, NJ 07047		
TITLE	D		
NAME	EISEN, DAVID		
STREET ADDRESS	1207 TONNELLO AVE.		
CITY-ST-ZIP	NORTH BERGEN, NJ 07047		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: \_\_\_\_\_

**3/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #