

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90004 025 ***150.00

DOCUMENT # F99000005591

1. Entity Name
EQUILEASE FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
50 WASHINGTON ST, SUITE 1211
50. NORWALK, CT 06854 US

54033426



2. Principal Place of Business Suite, Apt. #, etc.
City & State Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country

04052004 Chg-P CR2E034 (10/03)

4. FEI Number **06-1316650** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALL., FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	DUNN, SCOTT C	
STREET ADDRESS	50 WASHINGTON ST, SUITE 1211	
CITY-ST-ZIP	SO. NORWALK, CT 06854	
TITLE	P	<input type="checkbox"/> Delete
NAME	SILVERHARDT, GARY	
STREET ADDRESS	50 WASHINGTON ST, SUITE 1211	
CITY-ST-ZIP	SO. NORWALK, CT 06854	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANAK, ALESANDRA	
STREET ADDRESS	50 WASHINGTON ST, SUITE 1211	
CITY-ST-ZIP	SO. NORWALK, CT 06854	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATTHEWS, CHARLES E	
STREET ADDRESS	50 WASHINGTON ST, SUITE 1211	
CITY-ST-ZIP	SO. NORWALK, CT 06854	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CLARK, SUSAN	
STREET ADDRESS	50 WASHINGTON ST. STE 1211	
CITY-ST-ZIP	SOUTH NORWALK, CT 06854	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, KENNETH	
STREET ADDRESS	50 WASHINGTON ST, SUITE 1211	
CITY-ST-ZIP	SO. NORWALK, CT 06854	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Kenneth S. Greenberg, Suite 1211
CITY-ST-ZIP	50 Washington St, South Norwalk, Ct 06854

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: Susan M. Clark **susan m. clark** 4-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #