

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # J17359

1. Entity Name
WHAM LEASING CORP.



Principal Place of Business
1305 PATERSON PARK ROAD
NO. BERGEN, NJ 07047

Mailing Address
1305 PATERSON PARK ROAD
NO. BERGEN, NJ 07047



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3348672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, ROBERT B.
691 NORTH COUNTY ROAD
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and State if applicable

(NOTE: Registered Agent signature required when reinstating)

1000000372058
07/11/05-00018-001 550.00

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
COHEN, ROBERT
1305 PATERSON PLANK RD.
NORTH BERGEN, NJ.

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
OBERG, CATHERINE M
1305 PATERSON PLANK RD.
NORTH BERGEN, NJ

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
RUDDY, ALAN
1305 PATERSON PLANK RD.
NORTH BERGEN, NJ

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN RUDDY

7/6/05

Date

201 939 5050

Daytime Phone #