

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87509

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: MARSTEN/THG MODULAR LEASING CORPORATION

**Current Principal Place of Business:**

801 DOUGLAS AVE  
STE 207  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 DOUGLAS AVE  
STE 207  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 65-0122539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEBER, THOMAS  
2137 JACKSONVILLE ST.  
FT. MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALEWSKI, ALEXANDRE  
Address: CH-1936 VERBIER  
City-St-Zip: CHEMIN DES VERNES, SWITZ.,

Title: VD ( ) Delete  
Name: WEBER, THOMAS  
Address: 2137 JACKSONVILLE STREET  
City-St-Zip: FT. MYERS, FL 33916

Title: D ( ) Delete  
Name: JACKSON, RAY E  
Address: 1250 S BELCHER RD #120  
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete  
Name: WALEWSKI, FABRICE  
Address: TOUR ARAGO 5 RUE BELLINI  
City-St-Zip: PUTEAUX LA DEFENSE, FRANCE, 92800

Title: D ( ) Delete  
Name: WALEWSKI, RAPHAEL  
Address: TOUR ARAGO 5 RUE BELLINI  
City-St-Zip: PUTEAUX LA DEFENSE, FRANCE, 92800

Title: D ( ) Delete  
Name: FAUST, JEAN C  
Address: 2744 SUMMERDALE DR N  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WEBER

VD

07/05/2006

Electronic Signature of Signing Officer or Director

Date