

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87509

FILED  
Apr 16, 2009  
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:

JACKSON, EDWARD R  
36181 EAST LAKE RD, STE 204  
PALM HARBOR, FL 34685 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VTD ( ) Delete  
Name: JACKSON, EDWARD R  
Address: 36181 EAST LAKE RD, STE 204  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: S ( ) Delete  
Name: VANDEVENDER, PATTI J  
Address: 801 DOUGLAS AVE, STE 207  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

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

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

## 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 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: EDWARD RAY JACKSON

VTD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date