

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025936

FILED
Jul 17, 2004
Secretary of State

Entity Name: EXECUTIVE LEASING SERVICES, LLC

Current Principal Place of Business:

11900 BRINLEY AVENUE, SUITE 201
LOUISVILLE, KY 40243

New Principal Place of Business:

Current Mailing Address:

11900 BRINLEY AVENUE, SUITE 201
LOUISVILLE, KY 40243

New Mailing Address:

FEI Number: 35-2184877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND COPRORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ERWIN, JAMES A MBR
Address: 4048 NORTH HERMITAGE AVENUE
City-St-Zip: CHICAGO, IL 60613 US

Title: MGRM () Delete
Name: RIVERA, ANTONIO MBR
Address: 11900 BRINLEY AVENUE, SUITE 201
City-St-Zip: LOUISVILLE, KY 40243 US

Title: MGRM () Delete
Name: SICHAH, DAMIAN MBR
Address: 477 EAST BUTTERFIELD ROAD, SUITE 101
City-St-Zip: LOMBARD, IL 60148 US

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES A. ERWIN

MBR

07/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date