


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L52887
 1. Entity Name
TRIANGLE LEASING OF FLORIDA, INC.



Principal Place of Business 100 MORGAN KEEGAN DRIVE STE 200 LITTLE ROCK, AR 72202 US	Mailing Address 100 MORGAN KEEGAN DR # 200 LITTLE ROCK, AR 72202 US
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01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1728337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAIR, RICHARD C 6508 MIAMI BLUFF DRIVE CINCINNATI, OH 45227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, KEVIN P 21 OLD HILL FARM ROAD WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMAN, DAVID R 100 MORGAN KEEGAN DR # 200 LITTLE ROCK, AR 72202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, MICHAEL R 100 MORGAN KEEGAN DR # 200 LITTLE ROCK, AR 72202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERT, JAMES W 1081 WEST SUTTON COURT PALATINE, IL 60067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHRISTOPHER H 136 SOUTHPORT WOODS DRIVE SOUTHPORT, CT 06490

000000411816
 02/10/06-80016-008 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 507, 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: Michael R. Cole, CFO 2/25/06 561-280-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #