



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90853 015 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 3800 N. Rodney Parham Rd.		3. Mailing Address 3800 N. Rodney Parham Road			
Suite, Apt. #, etc. # 301		Suite, Apt. #, etc. # 301			
City & State Little Rock, AR		City & State LITTLE ROCK, AR			
Zip 72212		Country US		4. FEI Number 56-1728337	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAIR, RICHARD C 6508 MIAMI BLUFF DRIVE CINCINNATI, OH 45227 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 N. Rodney Parham Rd. Suite 301 Little Rock, AR 72212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, KEVIN P 21 OLD HILL FARM ROAD WESTPORT, CT 06880 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMAN, DAVID R 100 MORGAN KEEGAN DR # 200 LITTLE ROCK, AR 72202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 N. Rodney Parham Rd. Suite 301 Little Rock, AR 72212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, MICHAEL R 100 MORGAN KEEGAN DR # 200 LITTLE ROCK, AR 72202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 N. Rodney Parham Rd. Suite 301 Little Rock, AR 72212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERT, JAMES W 1061 WEST SUTTON COURT PALATINE, IL 60067 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHRISTOPHER H 136 SOUTHPORT WOODS DRIVE SOUTHPORT, CT 06490 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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: Tanice Hull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date Daytime Phone #