2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 21, 2008 8:00 am **DOCUMENT** # L52887 Secretary of State 1. Entity Name TRIANGLE LEASING OF FLORIDA, INC. 07-21-2008 90031 008 ***150.00 Principal Place of Business Mailing Address 3800 N. RODNEY PARHAM RD 3800 N. RODNEY PARHAM RD STE 301 STE 301 LITTLE ROCK, AR 72212 LITTLE ROCK, AR 72212 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 56-1728337 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 4 WESTON, FL 33331 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Chance ☐ Addition CLAIR, RICHARD C NAME NAME STREET ADDRESS 3800 N. RODNEY PARHAM RD SUITE 301 STREET ADDRESS CITY-ST-ZIP LITTLE ROCK, AR 72212 CITY-ST-ZIP TITLE Ð Drector TITEF Delete hange Addition Clair, Richard C NAME COLLINS, KEVIN P NAME Porham # 301 21 OLD HILL FARM ROAD STREET ADDRESS STREET ADDRESS 2800' N. Ko CITY-ST-ZIP WESTPORT, CT 06880 CITY-ST-ZIP TITLE Delete TITLE Change : Addition BACHMAN, DAVID R NAME NAME STREET ADDRESS 3800 N. RODNEY PARHAM RD SUITE 301 STREET ADDRESS 300 CITY-ST-ZIP LITTLE ROCK, AR 72212 CITY-ST-7IP TITLE TITLE Change Change ■ Addition COLE, MICHAEL R NAME NAME rhan # 301 STREET ADDRESS 3800 N. RODNEY PARHAM RD SUITE 301 STREET ADDRESS CITY-ST-ZIP LITTLE ROCK, AR 72212 CITY-ST-ZIP 2212 TITLE TITLE Delete Addition ECKERT, JAMES W NAME STREET ADDRESS 1061 WEST SUTTON COURT STREET ADDRESS CITY-ST-7IP PALATINE, IL 60067 CITY-ST-ZIP TITLE TITLE ☐ Change **Delete** ☐ Addition SMITH, CHRISTOPHER H NAME NAME 136 SOUTHPORT WOODS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTHPORT, CT 06490 CITY-ST-ZIP

FILED

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: Janice Hull 7-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #