

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # M00000001848

1. Entity Name
MAC TRAILER LEASING, L.L.C.



Principal Place of Business

**ONE MAYNARD DR.
PARK RIDGE, NJ 07656**

Mailing Address

**ONE MAYNARD DR.
PARK RIDGE, NJ 07656**



04202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4127319

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
FEHRENBACH, HUGH A
ONE MAYNARD DR.
PARK RIDGE, NJ 07656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LOIACONO, FRANK
ONE MAYNARD DR.
PARK RIDGE, NJ 07656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CNTR
DEBLASIO, DANIEL
ONE MAYNARD DR.
PARK RIDGE, NJ 07656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEACH, LISA D
ONE MAYNARD DR.
PARK RIDGE, NJ 07656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JARDINE, DAVID
ONE MAYNARD DR
PARK RIDGE, NJ 07656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000140423
04/29/04-80159-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Daniel DeBlasio* DANIEL DEBLASIO - CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-21-04

Date

201-391-0800

Daytime Phone #