

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90140 009 \*\*\*100.00

**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**

**20008992**

2. Principal Place of Business

**100 PARAGON DRIVE**

3. Mailing Address

**100 PARAGON DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006 Chg-LLC CR2E083 (11/05)

City & State

**MONTVALE, NJ**

City & State

**MONTVALE NJ**

4. FEI Number

**13-4127319**

Applied For

Not Applicable

Zip

**07645**

Country

**USA**

Zip

**07645**

Country

**USA**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	FEHRENBACH, HUGH A	
STREET ADDRESS	ONE MAYNARD DR.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOIACONO, FRANK	
STREET ADDRESS	ONE MAYNARD DR.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	DEBLASIO, DANIEL	
STREET ADDRESS	ONE MAYNARD DR.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEACH, LISA D	
STREET ADDRESS	ONE MAYNARD DR.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JARDINE, DAVID	
STREET ADDRESS	ONE MAYNARD DR	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICK ADAMS	
STREET ADDRESS	100 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN DORAY	
STREET ADDRESS	100 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES BRUNSON	
STREET ADDRESS	100 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	SELY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT SUKOVICH	
STREET ADDRESS	100 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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:**

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

Date

Daytime Phone #

**2/9/06**

**(201) 334-5107**