

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000001848

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



Principal Place of Business
**100 PARAGON DRIVE
MONTVALE, NJ 07645**

Mailing Address
**100 PARAGON DRIVE
MONTVALE, NJ 07645**



01102007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

000000595264
01/23/07-80033-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ADAMS, RICK
STREET ADDRESS	100 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE, NJ 07645
TITLE	VP
NAME	DORAY, JOHN
STREET ADDRESS	100 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE, NJ 07645
TITLE	VP
NAME	BRONSON, CHARLES
STREET ADDRESS	100 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE, NJ 07645
TITLE	ST
NAME	SUKOVICH, ROBERT
STREET ADDRESS	100 PARAGON
CITY-ST-ZIP	MONTVALE, NJ 07645
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/07 201-344-5161