

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90183 023 \*\*\*\*50.00

**DOCUMENT # M01000002677**

1. Entity Name  
**XEROX LEASE EQUIPMENT LLC**



Principal Place of Business  
**800 LONG RIDGE RD., MAIL STOP 2-4-B9  
STAMFORD, CT 06904**

Mailing Address  
**800 LONG RIDGE RD., MAIL STOP 2-4-B9  
STAMFORD, CT 06904**

**20060006**



03072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1632264</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RIVERA, JOHN F
STREET ADDRESS	800 LONG RIDGE RD.
CITY-ST-ZIP	STAMFORD, CT 069041600
TITLE	MGR
NAME	SEEGAL, RHONDA L
STREET ADDRESS	800 LONG RIDGE RD.
CITY-ST-ZIP	STAMFORD, CT 06904
TITLE	MGR
NAME	HARRISON, RICHARD
STREET ADDRESS	470 EXCHANGE ST.
CITY-ST-ZIP	GENEVA, NY 144560353
TITLE	S
NAME	LEE, SAMUEL K
STREET ADDRESS	800 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD, CT 06904
TITLE	AS
NAME	SHEIVACHMAN, MARK
STREET ADDRESS	800 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD, CT 06904
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

**JOHN F. RIVERA, MANAGER**

**3/16/2006**

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

Date

Daytime Phone #