

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002677

FILED
Jan 15, 2008
Secretary of State

Entity Name: XEROX LEASE EQUIPMENT LLC

Current Principal Place of Business:

45 GLOVER AVENUE, ROOM 7033D
P.O. BOX 4505
NORWALK, CT 068564505

New Principal Place of Business:

45 GLOVER AVENUE, ROOM 7033D
P. O. BOX 4505
NORWALK, CT 068564505

Current Mailing Address:

45 GLOVER AVENUE, ROOM 7033D
P.O. BOX 4505
NORWALK, CT 068564505

New Mailing Address:

45 GLOVER AVENUE, ROOM 7033D
NORWALK, CT 068564505

FEI Number: 06-1632264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIVERA, JOHN F
Address: 800 LONG RIDGE RD.
City-St-Zip: STAMFORD, CT 069041600

Title: MGR () Delete
Name: SEEGAL, RHONDA L
Address: 800 LONG RIDGE RD.
City-St-Zip: STAMFORD, CT 06904

Title: MGR () Delete
Name: HARRISON, RICHARD
Address: 470 EXCHANGE ST.
City-St-Zip: GENEVA, NY 144560353

Title: S () Delete
Name: LEE, SAMUEL K
Address: 800 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06904

Title: AS () Delete
Name: SHEIVACHMAN, MARK
Address: 800 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06904

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RIVERA, JOHN F
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: MGR (X) Change () Addition
Name: FANNING, KATHLEEN S
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MARSHALL, DOUGLAS H
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: AS (X) Change () Addition
Name: SHEIVACHMAN, MARK
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN F. RIVERA

M

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date