

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90039 020 ****50.00

DOCUMENT # M03000000201

1. Entity Name
NBR INTERNATIONAL LEASING COMPANY LLC



Principal Place of Business
2250 MCGILCHRIST STREET SE
SALEM, OR 97302

Mailing Address
ATTN: DEBBIE PARSONS
PO BOX 14111
SALEM, OR 97309

60052215



2. Principal Place of Business - No P.O. Box #
2260 McGilchrist St SE
Suite, Apt. #, etc.

3. Mailing Address
PO. Box 14111
Suite, Apt. #, etc.
Attn: Mary Casqueiro

07062007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
95-1328508

Applied For
Not Applicable

Zip Country

Zip Country

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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME COLSON, WILLIAM E
STREET ADDRESS 2250 MCGILCHRIST ST SE.
CITY-ST-ZIP SALEM, OR 97302

TITLE MGR ☐ Delete
NAME BRENDEN, NORMAN L
STREET ADDRESS 2250 MCGILCHRIST ST SE.
CITY-ST-ZIP SALEM, OR 97302

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2260 McGilchrist St. SE
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 #

Norman L. Brenden 7-6-07