

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90041 022 ****50.00

DOCUMENT # M03000002185 1. Entity Name EQUIPMENT FINANCE LLC					
Principal Place of Business 101 N. POINTE BLVD. LANCASTER, PA 17601			Mailing Address 101 N. POINTE BLVD. LANCASTER, PA 17601		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 5366 Suite, Apt. #, etc.			
City & State		City & State LANCASTER, PA		4. FEI Number 32-0068662	
Zip 17606		Country LANCASTER		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANER, GEORGE W 101 N. POINTE BLVD. LANCASTER, PA 17601	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLAGER, MICHAEL J 101 N. POINTE BLVD. LANCASTER, PA 17601	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAAS, JOSEPH M 101 N. POINTE BLVD. LANCASTER, PA 17601	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GRANER, GEORGE W 101 N. POINTE BLVD. LANCASTER, PA 17601	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHLAGER, MICHAEL J 101 N. POINTE BLVD. LANCASTER, PA 17601	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAAS, JOSEPH M 101 N. POINTE BLVD. LANCASTER, PA 17601	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 508, Florida Statutes.					
SIGNATURE: <i>Joseph M Braas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/22/04 800/342-5334 Date Daytime Phone #	