

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004052

FILED
Apr 02, 2009
Secretary of State

Entity Name: OCB LEASING COMPANY, LLC

Current Principal Place of Business:

1460 BUFFET WAY
EAGAN, MN 55121

New Principal Place of Business:

Current Mailing Address:

1460 BUFFET WAY
EAGAN, MN 55121

New Mailing Address:

FEI Number: 42-1638147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WALL, A. KEITH
Address: 1460 BUFFET WAY
City-St-Zip: EAGAN, MN 55121

Title: MGR () Delete
Name: ANDREWS, JR, MICHAEL R
Address: 1460 BUFFET WAY
City-St-Zip: EAGAN, MN 55121

Title: MGR () Delete
Name: MITCHELL, H. THOMAS
Address: 1460 BUFFET WAY
City-St-Zip: EAGAN, MN 55121

Title: MGR () Delete
Name: HOLOVNIA, PAUL
Address: 1460 BUFFET WAY
City-St-Zip: EAGAN, MN 55121

ADDITIONS/CHANGES:

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

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

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

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

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: PAUL HOLOVNIA

MGR

04/02/2009

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