

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005156

FILED
Apr 27, 2009
Secretary of State

Entity Name: LEASE PLAN U.S.A. INSURANCE, LLC

Current Principal Place of Business:

1165 SANCTUARY PARKWAY
ALPHARETTA, GA 30004

New Principal Place of Business:

1165 SANCTUARY PARKWAY
ALPHARETTA, GA 30009

Current Mailing Address:

1165 SANCTUARY PARKWAY
ALPHARETTA, GA 30004

New Mailing Address:

1165 SANCTUARY PARKWAY
ALPHARETTA, GA 30009

FEI Number: 26-0544426

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: MGRM () Delete
Name: LEASE PLAN U.S.A., INC.
Address: 1165 SANCTUARY PARKWAY
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEASE PLAN U.S.A., INC.
Address: 1165 SANCTUARY PARKWAY
City-St-Zip: ALPHARETTA, GA 30009

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: LEASE PLAN U.S.A., INC.

MGRM

04/27/2009

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