

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003258

FILED
Apr 30, 2009
Secretary of State

Entity Name: ATL LEASING LLC

Current Principal Place of Business:

50 PORTLAND PIER, STE 400
PORTLAND, ME 04101

New Principal Place of Business:

50 PORTLAND PIER
STE 400
PORTLAND, ME 04101 US

Current Mailing Address:

50 PORTLAND PIER, STE 400
PORTLAND, ME 04101

New Mailing Address:

50 PORTLAND PIER
STE 400
PORTLAND, ME 04101 US

FEI Number: 26-2467570

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: COLPITTS, TODD W
Address: 50 PORTLAND PIER, STE 400
City-St-Zip: PORTLAND, ME 04101

Title: MGR () Delete
Name: LABRIE, SUSAN K
Address: 50 PORTLAND PIER, STE 400
City-St-Zip: PORTLAND, ME 04101

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLPITTS, TODD W
Address: 50 PORTLAND PIER, STE 400
City-St-Zip: PORTLAND, ME 04101 US

Title: MGR (X) Change () Addition
Name: LABRIE, SUSAN K
Address: 50 PORTLAND PIER, STE 400
City-St-Zip: PORTLAND, ME 04101 US

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: ANNE MEYER

POA

04/30/2009

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