

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90044 042 ****50.00

DOCUMENT # M99000001586

1. Entity Name
PNC EQUIPMENT FINANCE, LLC



Principal Place of Business
**620 LIBERTY AVENUE, 13TH FLOOR
TWO PNC CENTER
PITTSBURGH, PA 15222-2719**

Mailing Address
**620 LIBERTY AVENUE, 13TH FLOOR
TWO PNC CENTER
PITTSBURGH, PA 15222-2719**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03162006 Chg-LLC CR2E083 (11/05)

City & State
Zip Country

4. FEI Number
25-1843642

Applied For
Not Applicable

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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FENTON, ADRIAN R 249 FIFTH AVENUE PITTSBURGH, PA 15222707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEIGHEN, JAMES W 620 LIBERTY AVENUE PITTSBURGH, PA 15222719 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLASSEN, PETER K 249 FIFTH AVENUE PITTSBURGH, PA 15222707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEVORE, RICHARD L 249 FIFTH AVENUE PITTSBURGH, PA 15222707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POOL, HENRY ONE PNC PLAZA, 249 FIFTH AVENUE PITTSBURGH, PA 15222 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUYAUX, JOSEPH ONE PNC PLAZA, 249 FIFTH AVENUE PITTSBURGH, PA 15222 <input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Terence Begley One PNC Plaza, 249 Fifth Avenue Pittsburgh, PA 15222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR William S. Demchak One PNC Plaza, 249 Fifth Avenue Pittsburgh, PA 15222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James B. Yahner One PNC Plaza, 249 Fifth Avenue Pittsburgh, PA 15222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Adrian R. Fenton **Adrian R. Fenton, Manager** **3/16/06** **(412) 762-4440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #