


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90449 028 ***150.00

DOCUMENT # P27555 1. Entity Name AT&T CAPITAL SERVICES, INC.					
Principal Place of Business 2000 WEST SBC CENTER DR., 4C 23E HOFFMAN ESTATES, IL 60196			Mailing Address 2000 WEST SBC CENTER DR., 4C 23E 4C23E HOFFMAN ESTATES, IL 60196		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, PAUL		NAME		
STREET ADDRESS	2000 W EBC CENTER DR		STREET ADDRESS		
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60196		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNIS, RICHARD		NAME	Pennis, Richard	
STREET ADDRESS	175 E HOUSTON		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLUG, JONATHAN		NAME		
STREET ADDRESS	175 E HOUSTON		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		CITY-ST-ZIP		
TITLE	CFO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, JEFFERY		NAME		
STREET ADDRESS	2000 WEST SBC CENTER DR.		STREET ADDRESS		
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60196		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, BRODY		NAME	Smith, Brady	
STREET ADDRESS	175 E HOUSTON STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Brady Smith</i> BRADY SMITH			Date: 4/27/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



04212006 Chg-P CR2E034 (11/05)

4. FEI Number **36-3284986** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**