

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 AUG -4 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
HOFFMAN ESTATES, IL 60196**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



REINSTATEMENT

CR2E008 (1/07) 07-08

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 reinstating its status as a corporation in the State of Florida. I am familiar with, and accept the obligations of registered agent.
Jane Zachritz
Assistant Secretary
7/29/08

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, PAUL 2000 W EBC CENTER DR HOFFMAN ESTATES, IL 60196 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony Lewis 2000 W. AT&T Center Drive Hoffman Estates, IL 60192 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, RICHARD 175 E HOUSTON SAN ANTONIO, TX 78205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLUG, JONATHAN 175 E HOUSTON SAN ANTONIO, TX 78205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MASON, JEFFERY 2000 WEST SBC CENTER DR. HOFFMAN ESTATES, IL 60196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, BRADY 175 E HOUSTON STREET SAN ANTONIO, TX 78205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Brady Smith* **BRADY SMITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7/11/08 Daytime Phone #