

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27555

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: AT&T CAPITAL SERVICES, INC.

## Current Principal Place of Business:

2000 WEST SBC CENTER DR., 4C 23E  
HOFFMAN ESTATES, IL 60196

## New Principal Place of Business:

## Current Mailing Address:

2000 WEST SBC CENTER DR., 4C 23E  
4C23E  
HOFFMAN ESTATES, IL 60196

## New Mailing Address:

FEI Number: 36-3284986

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 RD.  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEWIS, ANTHONY  
Address: 2000 W. AT&T CENTER DRIVE  
City-St-Zip: HOFFMAN ESTATES, IL 60196

Title: S ( ) Delete  
Name: DENNIS, RICHARD  
Address: 175 E HOUSTON  
City-St-Zip: SAN ANTONIO, TX 78205

Title: T ( ) Delete  
Name: KLUG, JONATHAN  
Address: 175 E HOUSTON  
City-St-Zip: SAN ANTONIO, TX 78205

Title: CFO ( ) Delete  
Name: MASON, JEFFERY  
Address: 2000 WEST SBC CENTER DR.  
City-St-Zip: HOFFMAN ESTATES, IL 60196

Title: AS ( ) Delete  
Name: SMITH, BRADY  
Address: 175 E HOUSTON STREET  
City-St-Zip: SAN ANTONIO, TX 78205

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADY SMITH

AS

04/24/2009

Electronic Signature of Signing Officer or Director

Date