2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 19, 2008 8:00 am DOCUMENT # P29100 **Secretary of State** 1. Entity Name AT&T CAPITAL HOLDINGS, INC. 02-19-2008 90026 050 ***150.00 Mailing Address Principal Place of Business 555 CALIFORNIA ST 555 CALIFORNIA ST 4TH FLOOR 4TH FLOOR SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 CR2E034 (12/06) Cha-P City & State 4. FEI Number Applied For City & State 22-3022020 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CIT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 8. The above named entity suppoits 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) DATE Signature, typed or printed name of registered agent and title it applicable. ি 99Election Campaign Financing ভাল এব \$5:00 May Beim (জনজ্জার বিচার এবসমূচ করে ইন্টেই ক্ষর এই জনসাম্ভান Fund Contribution এই বিভাগ ইউ Added to Fees উপ্তেখন এই তিওঁটো ই এই জেনা হৈ চঞ্চল চেত্র FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ASSISTMT SECRETARY Change KATHLEEN S. METEGER DCFO 13.15 TITLE TITLE Delete ALLEN, CHARLES P NAME NAME , L. . ONE ATIT WAY 175 E. HOUSTON STREET STREET ADDRESS STREET ADDRESS BEDMINSTER, NEW TEASEY 0792) CITY ST-ZIP SAN ANTONIO, TX 782052233 CITY-ST-7IP D. ASSISTANT SECRETARY ☐ Delete TITLE RUZICKA LAWRENCE TEFFLEY TUTNAUER NAME NAME STREET ADDRESS ONE ATLTWAY 175 E. HOUSTON STREET STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 782052233 CITY-ST-ZIP CEOV TITLE ☐ Change ☐ Addition ☐ Delete TITLE MASON, JEFFREY R NAME NAME STREET ADDRESS 2000 W. AT&T CENTER DRIVE Z1 STREET ADDRESS HOFFMAN ESTATES, IL 601925000 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE SCHLEYER, MARK NAME NAME STREET ADDRESS 308 S. AKARD STREET STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75202 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE WIRTZ, WAYNE A NAME NAME STREET ADDRESS 175 E. HOUSTON STREET STREET ADDRESS SAN ANTONIO, TX 782052233 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete CLEMENS, THOMAS NAME NAME STREET ADDRESS 175 E. HOUSTON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAN ANTONIO, TX 782052233 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 truglee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

KATHLEEN SIMETZEER

FILED