## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P29825

1. Entity Name

Principal Place of Business

**BOSTON, MA 02199** 

U.B. VEHICLE LEASING, INC.



| "

111 HUNTINGTON AVE. 111 HUNTINGTON AVE.

400

Mailing Address

BOSTON, MA 02199 U

## FILED Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90067 025 \*\*\*150.00



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE 04032008

4. FEI Number Applied For 04-2586402 Not Applicable

5. Certificate of Status Desired See Required Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the points of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. 1 am far	miliar with, and accept
SIGNATURE_		<del> </del>				
Signature, typed or printed name of registered agent end title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE ,						1,1,
FILE NOW!!! FEE IS \$150.00 4 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MEEHAN, DAVID 111 HUNTINGTON AVE., STE 400 BOSTON, MA 02199					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOLAN, PAUL 111 HUNTINGTON AVE., STE 400 BOSTON, MA 02199				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP QUINN, RICHARD 111 HUNTINGTON AVE., STE 400 BOSTON, MA 02199		r .	DO	NOT WRITE	man digit sami subuh
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELMAN, MARK A 111 HUNTINGTON AVE., STE. 400 BOSTON, MA 02199			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORTON, JR, CHARLES E. 111 HUNTINGTON AVE., SUITE 400 BOSTON, MA 02199			•		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			. ·			
	certify that the information supplied with this fill on this report or supplemental report is true a					

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:** 

SIGNATURE AND TYPED OR BRITTED HAVE OF BIGHING OFFICER OR DIRECT

4/7/08

1617) 573-900

Daytime Phone