## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P40458

Entity Name: VICOM LEASING COMPANY

FILED Apr 03, 2006 Secretary of State

Current P	Principal Place	of Business	New Principal Place of Business:		
Guileit	illicipal i lacc	or Business.	new i inicipal i lace	or Business.	
4634 N. FLORIDA AVE.					
SUITE A TAMPA, F	L 33603 US	3			
17-31811 7-3, 1	L 33003 O	,			
Current Mailing Address:			New Mailing Address:		
4634 N. FI	LORIDA AVE.				
SUITE A TAMPA, FL 33603 US					
TAMPA, F	L 33603 US	5			
FEI Number	: 16-1421975	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SUITE A	MARK LORIDA AVE. EL 33603 US				
The above in the State	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RF <sup>.</sup>				
0.0.0.0		nic Signature of Registered Ag	ent	 Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	V ()	Delete	Title:	( ) Change ( ) Addition	
Name:	RUANE, MARK		Name:		
Address:	612 HALLIEWO		Address:		
City-St-Zip:	TEMPLE TERR	ACE, FL 33617	City-St-Zip:		
Title:	STD ()	Delete	Title:	( ) Change ( ) Addition	
Name:	HARTNETT, CH		Name:	( )	
Address:	612 HALLENW	· · · · · · · · · · · · · · · · · · ·	Address:		
City-St-Zip:	TEMPLE TERR	ACE, FL 33617	City-St-Zip:		
Title:	AS ()	Delete	Title:	( ) Change ( ) Addition	
Name:	SMITH, LYNN F		Name:	, ,	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MARK RUANE COO 04/03/2006

500 PLUM STREET, #600

SYRACUSE, NY

Address: City-St-Zip: