

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # S84283

1. Entity Name
MALCO LEASING CORP.



Principal Place of Business

**1 PROVIDENCE WASHINGTON PLAZA
4TH FLOOR
PROVIDENCE, RI 02903**

Mailing Address

**1 PROVIDENCE WASHINGTON PLAZA
4TH FLOOR
PROVIDENCE, RI 02903**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0286848

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
11090 TURTLE BEACH ROAD
UNIT 205A
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHACE, MALCOLM G
STREET ADDRESS 1 PROVIDENCE WASHINGTON PLZ 4TH FL
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE TS
NAME CHACE, MALCOLM G JR
STREET ADDRESS 1 PROVIDENCE WASHINGTON PLZ 4TH FL
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U00000370144
07/05/05-80003-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #