

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90216 034 \*\*\*150.00

**DOCUMENT # S84283**

1. Entity Name  
**MALCO LEASING CORP.**



Principal Place of Business Mailing Address  
**1 PROVIDENCE WASHINGTON PLAZA** **1 PROVIDENCE WASHINGTON PLAZA**  
**4TH FLOOR** **4TH FLOOR**  
**PROVIDENCE, RI 02903** **PROVIDENCE, RI 02903**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**121 South Main St.** **121 South Main St.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**4th Floor** **4th Floor**  
City & State City & State  
**Providence, RI** **Providence, RI**  
Zip Country Zip Country  
**02903** **02903**



01032007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
**65-0286848** Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHACE, MALCOLM G	
STREET ADDRESS	1 PROVIDENCE WASHINGTON PLZ 4TH FL	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CHACE, MALCOLM G JR	
STREET ADDRESS	1 PROVIDENCE WASHINGTON PLZ 4TH FL	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>121 South Main St., 4th Floor</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>121 South Main St., 4th Floor</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #