2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2020
Secretary of State
0206945087CC

DOCUMENT# M13000002593

Entity Name: BANCLEASING, LLC

Current Principal Place of Business:

660 N. CENTRAL EXPRESSWAY
SUITE 400
PLANO, TX 75074

Current Mailing Address:

660 N. CENTRAL EXPRESSWAY
SUITE 400
PLANO, TX 75074 US

FEI Number: 46-1807051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER
Name	BUCHANAN, MARK
Address	660 N. CENTRAL EXPRESSWAY SUITE 400
City-State-Zip:	PLANO TX 75074

Title	MANAGER
Name	SCICUTELLA, NANCY
Address	660 N. CENTRAL EXPRESSWAY SUITE 400
City-State-Zip:	PLANO TX 75074

Title	MANAGER
Name	SHAFER, DON
Address	4516 SETON CENTER PARKWAY SUITE 300
City-State-Zip:	AUSTIN TX 78759

Title	MANAGER
Name	FIORENTINO, MARK
Address	660 N. CENTRAL EXPRESSWAY SUITE 400
City-State-Zip:	PLANO TX 75074

Title	MANAGER
Name	BOWERS, ROBYN
Address	612 WHEELERS FARMS ROAD
City-State-Zip:	MILFORD CT 06461

Title	MANAGER
Name	BUCHANAN, MARK
Address	660 N. CENTRAL EXPRESSWAY SUITE 400
City-State-Zip:	PLANO TX 75074

Title	MANAGER
Name	BOKOR, EVAN
Address	660 N. CENTRAL EXPRESSWAY SUITE 400
City-State-Zip:	PLANO TX 75074

Title	MANAGER
Name	STEARNEY, BRIAN
Address	660 N. CENTRAL EXPRESSWAY SUITE 400
City-State-Zip:	PLANO TX 75074

Continues on page 2

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK BUCHANAN MANAGER 05/30/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MEMBER
Name	SOMERSET CAPITAL GROUP, LTD
Address	535 CONNECTICUT AVE SUITE 102
City-State-Zip:	NORWALK CT 06854

Title	MEMBER
Name	SHAFER, DON
Address	4516 SETON CENTER PARKWAY SUITE 300
City-State-Zip:	AUSTIN TX 78759