

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000000200

**Entity Name:** CAPITAL ONE EQUIPMENT FINANCE CORP.**Current Principal Place of Business:**275 BROADHOLLOW ROAD  
MELVILLE, NY 11747**Current Mailing Address:**275 BROADHOLLOW ROAD  
MELVILLE, NY 11747**FEI Number:** 11-3516828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | FEIL, THOMAS A         |
| Address         | 1680 CAPITAL ONE DRIVE |
| City-State-Zip: | MCLEAN VA 22102        |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | SLOCUM, MICHAEL C.   |
| Address         | 275 BROADHOLLOW ROAD |
| City-State-Zip: | MELVILLE NY 11747    |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR, CFO        |
| Name            | YOUNG, ANDREW M      |
| Address         | 275 BROADHOLLOW ROAD |
| City-State-Zip: | MELVILLE NY 11747    |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | FILARDI, LINDA       |
| Address         | 275 BROADHOLLOW ROAD |
| City-State-Zip: | MELVILLE NY 11747    |

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | ALCUS, H. DARREN     |
| Address         | 275 BROADHOLLOW ROAD |
| City-State-Zip: | MELVILLE NY 11747    |

*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 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 all other like empowered.*

**SIGNATURE:** LINDA FILARDI**SECRETARY****04/23/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date