

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004973

**FILED**  
**Jan 17, 2020**  
**Secretary of State**  
**2030045203CC**

**Entity Name:** PEOPLE'S CAPITAL AND LEASING CORP

**Current Principal Place of Business:**

850 MAIN STREET, BC-03  
BRIDGEPORT, CT 06604

**Current Mailing Address:**

850 MAIN STREET, BC-03  
BRIDGEPORT, CT 06604 US

**FEI Number:** 06-1505231

**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

**Officer/Director Detail :**

Title C  
Name BARNES, JOHN P  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604

Title VCD  
Name TENGEL, JEFFREY J  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604

Title DPS  
Name URQUHART, MICHAEL G  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604

Title D  
Name BERRY, DAVID P  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604

Title T  
Name JONES, KATHLEEN  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604

Title COOD  
Name FONSECA, FRANCISCO J  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604

Title SVP  
Name ESPOSITO, PETER J  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604

Title VP  
Name CURTIS, MELISSA A  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604

**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 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:** FRANCISCO FONSECA

COO

01/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name KAERCHER, WALTER W  
Address 850 MAIN STREET, BC-03  
City-State-Zip: BRIDGEPORT CT 06604