

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004973

Entity Name: PEOPLE'S CAPITAL AND LEASING CORP

Current Principal Place of Business:

850 MAIN STREET, BC-03
BRIDGEPORT, CT 06604

FILED
Feb 20, 2019
Secretary of State
0984702716CC

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

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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: FONSECA , FRANCISCO J

COO

02/20/2019

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