2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90227 007 ***150.00

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04102007 Chg-P CR2E034 (12/06)

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1. Entity Name
BANKERS LEASING CORPORATION

Principal Place of Business	Mailing Address
450 MAMARONECK AVE HARRISON, NY 10528 US	3800 CITI GROUP CENTER DR SUITE 2-18 TAMPA, FL 33610 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address C/O Licensing P.O. BOX 31226
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Tampa, FL
Zip / Country	Zip 33612 Country USA

4. FEI Number 04-2210665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS HARCHESE, JASON 3800 CITIGROUP CENTER DR SUITE 2-18 TAMPA, FL 33610	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director LUIS Natuto 6006 5th AVE NY, NY 10103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STOVE, DONNA S 250 E CARPENTER FREEWAY IRVING, TX 75063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John manion 909 3rd AVE NY, NY 10022	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNDY, EDWARD S 450 MAMARONECK AVE. HARRISON, NY 10528	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / ASST. Clerk ALAN F. VARADE 450 mamaroneck AVE Harrison NY 10528	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, DAVID 450 MAMARONECK AVE HARRISON, NY 10528	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / Director Krister Holm 450 mamaroneck AVE NY, NY 10528	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALEMANY, ELLEN 399 PARK AVE NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARBER, MICHAEL G 2520 CARPENTER FREEWAY IRVING, TX 75063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Alan Varade ALAN F. VARADE 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #