

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005605

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** TAGE EQUIPMENT FINANCIAL SERVICES CORPORATION

**Current Principal Place of Business:**

201 MERRITT 7  
NORWALK, CT 06851

**New Principal Place of Business:**

**Current Mailing Address:**

201 MERRITT 7  
NORWALK, CT 06851

**New Mailing Address:**

**FEI Number:** 36-4247275      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: QUINDLEN, TOM  
Address: 10 RIVERVIEW DRIVE  
City-St-Zip: DANBURY, CT 06810

Title: D/T  
Name: VAN DER HORST, MICHEL  
Address: 201 MERRITT 7  
City-St-Zip: NORWALK, CT 06851

Title: D  
Name: FONTANA, RONALD  
Address: 10 RIVERVIEW DRIVE  
City-St-Zip: DANBURY, CT 06810

Title: VP  
Name: BRASSER, WILLIAM J  
Address: 201 MERRITT 7  
City-St-Zip: NORWALK, CT 06851

Title: S  
Name: ZELLMER, JILL  
Address: 10 RIVERVIEW DRIVE  
City-St-Zip: DANBURY, CT 06810

Title: AS  
Name: JERGE, ANN  
Address: 201 MERRITT 7  
City-St-Zip: NORWALK, CT 06851

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: ANN JERGE

AS

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date