

2007 FOR PROFIT CORPORATION ANNUAL REPORT

(ANNUAL REPORT)

14306 = 150.00

FILED
Jun 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P12015

1. Entity Name
 NEOPOST LEASING, INC.



Principal Place of Business
 30955 HUNTWOOD AVENUE
 HAYWARD, CA 94544

Mailing Address
 30955 HUNTWOOD AVENUE
 HAYWARD, CA 94544



05302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **94-2984524** 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

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

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P/D
 NAME O'BRIEN, CHRISTOPHER
 STREET ADDRESS 30955 HUNTWOOD AVE
 CITY-ST-ZIP HAYWARD, CA 94544

TITLE VPD
 NAME DICKESON, STEPHEN
 STREET ADDRESS 30955 HUNTWOOD AVE
 CITY-ST-ZIP HAYWARD, CA 94544

TITLE S
 NAME SHANKLE, KIRK
 STREET ADDRESS 30955 HUNTWOOD AVE
 CITY-ST-ZIP HAYWARD, CA 94544

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 06/06/07-80001-016 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/1/07 Daytime Phone # 570 475-3900