

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by
law (R.I.G.L. 7-1.2-1501(e), d) is subject to a tomathy fee of \$25.00

I. Corporate ID No. 000160235	2. Name of Corporation ALC Leasing Ltd.					
3. Street Address Principal Business Office 4001 Embarcadero Drive			Gity Arlington	State TX	<i>Ζι</i> ρ 76104	
. Business Phone No. 5. State of Incorporation B17-302-7344 5. State of Incorporation Delaware			on		· · · · · · · · · · · · · · · · · · ·	
. Brief Description of the Character Consumer Finance - Motor		l in Rhode Island			2007	
'. NAMES AND ADDRESSES President Name	OF THE OFFICE	ERS: ("X" BOX FOR A	TTACHMENT) TILL IN . Vice President Name	SPACES BEFORE USING		
Wilmington Trust Company			Vice President Name N/A Wish			
Street Address 1100 North Market Street			Street Address			
ાણ Wilmington	State DE	<i>Ζ</i> φ 19890	City	State	in D	
Secretary Name N/A			Treasurer Name S			
Street Address			Street Address			
Жу	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES Director Name Wilmington Trust Compa		TORS: ("X" BOX FOR	ATTACHMENT) FILL II Director Name N/A	N SPACES BEFORE USI	NG ATTACHMENTS	
treet Address 1100 North Market Stree	et		Street Address			
City	State	Zip	City	State	Zip	
Wilmington DE 19890 Director Name N/A			Director Name N/A			
Street Address			Street Address			
Эцу	State	Zip	City	State	Zip	
O. SHARES AUTHORIZED (("X" BOX FOR A	TTACHMENT)		 		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
N/A			None			
	on behalf of the	cornoration by an author	orized representative. If the	l	ds of a receiver or trust	

File Date	FILED	
Check No.	AUG 3 1 2007	
Ву:В	2945644	= l
FC	OR SECRETARY OF STATE USE ONLY	

	ng schedules ar nd correct.	firm that I have examined this report, and statements, and that all statements
Signature	- 1	Date
J. Michael May		
Print or Type Name		
EVP, CLO, Secr	retary	
Title		Form 630 Rev. 12/06