

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3046

| IMITED LIABILITY | <b>COMPANY ANNUAL</b> | REPORT FOR | THE YEAR | 2007 |
|------------------|-----------------------|------------|----------|------|
|                  |                       |            |          |      |

|                                     | 3 E             | The force to the letter of the                                     |   |  |                 |  |  |  |
|-------------------------------------|-----------------|--|---|--|-----------------|--|--|--|
| 1. ID No.<br><b>121734</b>          | ľ               | et name of the limited liability company  ET OVERSEAS CAPITAL, LLC |   |  |                 |  |  |  |
|                                     |                 | <del> </del>   |   |  |                 |  |  |  |
| 3. State of Formation               |                 | - "  | of the husiness which is actually conducted in Rh | ode Island                             |                 |  |  |  |
| RHODE ISLAN                         | ир Ісом         | MERCIAL LEASING  |   |  |                 |  |  |  |
| 5. Principal office address         |                 |  | Сиу   | State                                  | Zip             |  |  |  |
| 111 WESTMINSTER ST                  |                 |  | PROVIDENCE  | RI                                     | 02903           |  |  |  |
|                                     | DRESS OF LIMITE | LIABILITY COMP.  | Y AND NAME OR TITLE OF CONTAC                     | T PERSON:                              |                 |  |  |  |
| Contact Name CHRISTINE M COSTAMAGNA |                 |  | :   | Contact Title                          |                 |  |  |  |
|                                     | COSTAMAGNA      |  | SECRETARY   | ······································ |                 |  |  |  |
| Street Address                      | IIA OT: OU: FLO | OD: 045 705 00 4   | City  | State                                  | Zip             |  |  |  |
| 65 CALIFORI                         | NIA ST; 8th FLO | DR; CA5-705-08-0   | SAN FRANCISCO                                     | CA                                     | 94104           |  |  |  |
| 7. NAME AND A                       | DDRESS OF EACH  | MANAGER OF THI   | IMITED LIABILITY COMPANY, IF AP                   | PLICABLE - DO NO                       | OT LIST MEMBERS |  |  |  |
|                                     | F               | ILL IN SPACES BEF  | E USING ATTACHMENTS ("X" BOX                      | FOR ATTACHMENT)                        |                 |  |  |  |
| Manager Name                        |                 |  | Manager Name                                      | Manager Name                           |                 |  |  |  |
| NONE                                |                 |  |   |  |                 |  |  |  |
| Street Address                      |                 |  | Street Address                                    | Street Address                         |                 |  |  |  |
|                                     |                 |  |   |  |                 |  |  |  |
| City                                | State           | Zip  | City  | State                                  | Zip             |  |  |  |
|                                     |                 | ļ  |   |  |                 |  |  |  |
| Manager Name                        |                 |  | : Manager Name                                    | Manager Name                           |                 |  |  |  |
|                                     |                 |  |   |  |                 |  |  |  |
| Street Address                      |                 |  | Street Address                                    | Street Address                         |                 |  |  |  |
|                                     |                 |  | •   |  |                 |  |  |  |
| City                                | State           | Ζψ   | Сиу   | State                                  | Ζψ              |  |  |  |
|                                     |                 |  |   |  | İ               |  |  |  |
| 8. RESIDENT AC                      | GENT IN RHODE I | SLAND - DO NOT A   | ER - Changes require filing of Form               | a 642 - R.I.G.L. 7-16                  | -11             |  |  |  |
| Agent Name                          |                 |  | Address   |  |                 |  |  |  |
| CT CORPORA                          | ATION SYSTEM    |  |   |  |                 |  |  |  |
| Address                             |                 |  | City  |  | Ζip             |  |  |  |
| 10 WEYBOSSET ST                     |                 |  | BROVIDENCE  | PROVIDENCE                             |                 |  |  |  |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**121734** 

| File Date FILED        |
|------------------------|
| Check No. SEP 2 1 2007 |
| By: 1849656            |

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

9-18-07

**GREG S MROZ** 

**SVP** 

Date