



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 154695		2. Name of Corporation Equilease Financial Services, Inc.			
3. Street Address Principal Business Office 50 WASHINGTON STREET, SUITE 1211			City SOUTH NORWALK	State CT	Zip 06854-
4. Business Phone No.		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island TO TRANSACT ANY AND OR ALL BUSINESS RELATING TO LEASING					
7. NAMES AND ADDRESSES OF THE OFFICERS (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary Silverhardt			Vice President Name Alesandra Hanak		
Street Address 50 Washington Street, 10th Floor			Street Address 50 Washington Street, 10th Floor		
City Norwalk	State CT	Zip 06854	City Norwalk	State CT	Zip 06854
Secretary Name Charles E. Matthews			Treasurer Name Scott C. Dunn		
Street Address 50 Washington Street, 10th Floor			Street Address 50 Washington Street, 10th Floor		
City Norwalk	State CT	Zip 06854	City Norwalk	State CT	Zip 06854
8. NAMES AND ADDRESSES OF THE DIRECTORS (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary Silverhardt			Director Name		
Street Address 50 Washington Street			Street Address		
City Norwalk	State CT	Zip 06854	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
10. SHARES ISSUED (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE			100	Common	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



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154695 FILED 10/15/07 09:50:36 AM

File Date **OCT 15 2007**

Check No. _____

By: J. J. [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 4/23/07
Signature Date
William J. Postiglione
Print or Type Name
Assistant Treasurer
Title