RI SOS Filing Number: 200701396460 Date: 09/18/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
115601	FINANCIAL PACIFIC LEASING, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	COMMERCIAL EQUIPMENT LEASING

5. Principal office address	City	State	Zip
3455 S 344TH WAY SUITE 300	FEDERAL WAY	WA	98001

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
GARY BERGSTROM	TAX MANAGER

Street Address	City	State	Zip
3455 S 344TH WAY SUITE 300	FEDERAL WAY	WA	98001

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
DALE WINTER	PETER DAVIS
Street Address	Street Address
3455 S 344TH WAY SUITE 300	3455 S 344TH WAY SUITE 300
City / State / Zip	City / State / Zip
FEDERAL WAY / WA / 98001	FEDERAL WAY / WA / 98001
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
REGISTERED AGENT SOLUTIONS INC		
Address	City	Zip
222 JEFFERSON BLVD SUITE 200	WARWICK	02888

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

[redacted] 115601

[redacted]

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.

Peter Davis 9/17/07
Signature of Authorized Person *Date*

[redacted] PETER DAVIS
Print or Type Name of Authorized Person

FILED
File Date SEP 24 2007
Check No.
By: By

FOR SECRETARY OF STATE USE ONLY
14720-16-191587

Form 632 Rev. 07/07