



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

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

1. Corporate ID No. 140065		2. Name of Corporation Sunbridge Capital, Inc.			
3. Street Address Principal Business Office 6300 Nall Avenue			City Mission	State KS	Zip 66202
4. Business Phone No. 913-236-8800		5. State of Incorporation KS			
6. Brief Description of the Character of Business Conducted in Rhode Island Lease commercial equipment					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Adrian Weber			Vice President Name Carol McLauray		
Street Address 6300 Nall Avenue			Street Address 6300 Nall Avenue		
City Mission	State KS	Zip 66202	City Mission	State KS	Zip 66202
Secretary Name Craig Meegan			Treasurer Name		
Street Address 6300 Nall Avenue			Street Address		
City Mission	State KS	Zip 66202	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Adrian Weber			Director Name Jack Fingersh		
Street Address 6300 Nall Avenue			Street Address 6300 Nall Avenue		
City Mission	State KS	Zip 66202	City Mission	State KS	Zip 66202
Director Name Paul Fingersh			Director Name Irwin Blitt		
Street Address 6300 Nall Avenue			Street Address 6300 Nall Avenue		
City Mission	State KS	Zip 66202	City Mission	State KS	Zip 66202
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
30,000	Common	\$1.00	3,334	Common	\$1.00
			THIS SECTION MUST BE COMPLETED		

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.

<b>FILED</b>	
File Date	FEB 11 2008
Check No.	
By:	By 32536
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: Craig Meegan Date: 2/5/08  
Print or Type Name: Craig Meegan  
Title: CFO