RI SOS Filing Number: 200809008030 Date: 02/20/2008 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

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.	2. Name of Corporation			
104569	Trans Lease, Inc.			
3. Street Address Principal Business Office		City	State	Zip
4475 E. 74th Avenue Suite 103		Commerce City	CO	80022
4. Business Phone No.	5. State of Incorporation			
303-289-6423	Colorado			

6. Brief Description of the Character of Business Conducted in Rhode Island
Leasing of Motor Vehicles

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Mike Brenneise	4475 E. 74th Avenue Suite 103	Commerce City	CO	80022

Vice President Name	Street Address	City	State	Zip
James Mathisen	4475 E. 74th Avenue Suite 103	Commerce City	CO	80022

Secretary Name	Street Address	City	State	Zip
Randy Pennington	7626 Brighton Road	Commerce City	CO	80022

Treasurer Name	Street Address	City	State	Zip
Barara Eidsness	7626 Brighton Road	Commerce City	CO	80022

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
George Eidsness, CEO	7626 Brighton Road	Commerce City	CO	80022

Director Name	Street Address	City	State	Zip
Randy Pennington	7626 Brighton Road	Commerce City	CO	80022

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
10,000	Common	No Par Value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
	Common	No Par Value

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.

[redacted]

[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.

Signature *Date*

James Mathisen 1/25/08
Print or Type Name

[redacted] Sr. Vice President
Title

File Date FILED
Check No. FEB 20 2008
By: By DS-058874
FOR SECRETARY OF STATE USE ONLY

20859-7-234265

Form 630 Rev. 12/06