



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 <u>2009</u>

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(ec/cd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No 104569	2. Name of Corporation Trans Lease, Inc.				
3. Street Address Principal Business Office 4475 East 74th Avenue, Suite 103			City Commerce City	State CO	^{Zip} 80022
4. Ilustriess Phone No. 5. State of Incorporation Colorado					
6. Brief Description of the Character of Long Term Motor Vehicle at	of Business Conducted in R nd Equipment Leasin	bode Island 9			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Mike Brenneise			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name James Mathisen		
Street Address 4475 East 74th Avenue, Suite 103			Street Address 4475 East 74th Avenue, Suite 103		
Commerce City	State CO	хір 80022	Cuy Commerce City	State CO	^{Zip} 80022
Secretary Name Randy Pennington			Treasurer Name Barbara Eidsness		
Sircet Address 7626 Brighton Road			Street Address 7626 Brighton Road		
Commerce City	State CO	80022	City Commerce City	State CO	80022
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name: George Eidsness			Director Name Randy Pennington		
7626 Brighton Road			Street Address 7626 Brighton Road		
City Commerce City Director Name	State CO	ир 80022	City Commerce City Director Name	State CO	2ip 80022
Street Address			Street Address		
<i>CH</i> ŗ	State	Zip	Cdy	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			10,000	Common	No Par Value
				Common	No Par Value
This report must be executed this report must be executed of t			Under penalty of per including any accome contained herein are Signature James D. Mat	jury, I declare and affirm panying schedules and statue and correct.	s of a receiver or trustee. that I have examined this report atements, and that all statement Date Date
By:FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name Sr. Vice Pres	ident	
			1 81 6 5		Form 630 Rev. 08/08