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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 2009

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			
000052859	ASSOCIATES/TRANS-NATIONAL LEASING, INC			
3. Street Address Principal Business Office		City	State	Zip
3950 REGENT BLVD		IRVING	TX	75063
4. Business Phone No.	5. State of Incorporation			
813-604-8112	DELAWARE			

6. Brief Description of the Character of Business Conducted in Rhode Island
COMMERCIAL FINANCE AND LEASING

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

President Name			Vice President Name		
ROBERT COOK			ROBERT JOVEN		
Street Address			Street Address		
3950 REGENT BLVD			3950 REGENT BLVD		
City	State	Zip	City	State	Zip
IRVING	TX	75063	IRVING	TX	75063
Secretary Name			Treasurer Name		
LISA HOFFMAN			DONNA STONE		
Street Address			Street Address		
3800 CITIGROUP CENTER DRIVE			3950 REGENT BLVD		
City	State	Zip	City	State	Zip
TAMPA	FL	33610	IRVING	TX	75063

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

Director Name			Director Name		
ROBERT COOK			JORGE BERMUDEZ		
Street Address			Street Address		
3950 REGENT BLVD			3950 REGENT BLVD		
City	State	Zip	City	State	Zip
IRVING	TX	75063	IRVING	TX	75063
Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100.00	COMMON	0.01

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.

[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.

Lisa A. Hoffman 2.17.09
Signature *Date*

Lisa A. Hoffman
Print or Type Name

[redacted] Asst. Secretary
Title

File Date 2-18-09
Check No. 511341 4688
By: MMC
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