RI SOS Filing Number: 200942902350 Date: 02/25/2009 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 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(c), 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
156022	VELOCITY EXPRESS LEASING INC.

3. Street Address Principal Business Office	City	State	Zip
ONE MORNINGSIDE DRIVE NORTH	WESTPORT	CT	06880

4. Business Phone No.	5. State of Incorporation
203-349-4191	DELEWARE

6. Brief Description of the Character of Business Conducted in Rhode Island
SCHEDULED AND EXPEDITED LOGISTICS

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

President Name	Vice President Name
JEFFREY HENDRICKSON	MARK CARLESIMO
Street Address: ONE MORNINGSIDE DRIVE NORTH	Street Address: ONE MORNINGSIDE DRIVE NORTH
City: WESTPORT State: CT Zip: 06880	City: WESTPORT State: CT Zip: 06880
Secretary Name	**Treasurer Name**
MARK CARLESIMO	EDWARD W. STONE
Street Address: ONE MORNINGSIDE DRIVE NORTH	Street Address: ONE MORNINGSIDE DRIVE NORTH
City: WESTPORT State: CT Zip: 06880	City: WESTPORT State: CT Zip: 06880

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

Director Name	Director Name
EDWARD W. STONE	
Street Address: ONE MORNINGSIDE DRIVE NORTH	Street Address:
City: WESTPORT State: CT Zip: 06880	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED: 1000

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
1000	COMMON	1.00

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]

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

[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.

Mark T. Carlesimo 02/05/09
Signature *Date*

MARK T. CARLESIMO
Print or Type Name

Secretary
Title

Form 630 Rev. 08/08

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BY 81967
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