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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 2011

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*		
120555	VFS Leasing Co.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
7025 Albert Pick Road, Suite 105	Greensboro	NC	27409
4. Business Phone No.	*5. State of Incorporation*		
(336) 931-4000	Delaware		

6. Brief Description of the Character of Business Conducted in Rhode Island
The Trust Will Serve As The Nominee Holder of Legal Title To Vehicles and Related Leases

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

President Name			*Vice President Name*		
N/A - This is a Business Trust			N/A - This is a Business Trust		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Secretary Name			*Treasurer Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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

Director Name			*Director Name*		
U.S. Bank, N.A., Trustee by: Melissa A. Rosal, Vice-President					
Street Address			*Street Address*		
209 S. LaSalle Street, Suite 300					
City	*State*	*Zip*	*City*	*State*	*Zip*
Chicago	Illinois	60604			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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*
No Shares		
This is a Business Trust		

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]

FILED
File Date MAR 21 2011
Check No. By
By: 34959
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.

Signature *Date* 3-17-11

Melissa A. Rosal
Print or Type Name

Vice President, U.S. Bank N.A., as Trustee
Title

[redacted]