



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
401.222.3010

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. 118538		2. Name of Corporation DONLEN TRUST	
3. Street Address Principal Business Office C/O Donlen Corporation 2315 Sanderson Rd		City Northbrook	State IL
4. Business Phone No. 847-714-1400		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name No Officers		Vice President Name	
Street Address		Street Address	
City	State	Zip	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name No Directors		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED NO Shares		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 0	
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.		ISSUED SHARES --- THIS SECTION MUST BE COMPLETED	
		Number of Shares NONE	Class Series
		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.

By **U.S. Bank National Association, as trustee**

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: **M. Rosal** Date: **3-17-11**

Print or Type Name: **MELISSA A. ROSAL**
Title: **VICE PRESIDENT**

FILED

File Date: **MAR 25 2011**

Check No. _____

By: **505611**

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