

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012 Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

	,	LE THIS REPORT BY M	ARCH 31 WILL RES	SULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.		me of the Corporation				
111541	MMCA	LEASE LTD.				
3. Principal office address 6450 KATELLA AVENUE			City CYPRESS	State CA	Zip <b>90630</b>	
4. Business Phone No. 714-372-6000			5. State of Incorporation DELAWARE			
		s conducted in Rhode Island				
A BUSINESS TRU	ST, TO ACQUIR	E LEASE VEHICLES,	VEHICLE LEASE	S AND RELATED A	SSETS	
7. LIST <u>ALL</u> OFFICERS	(NAMES AND ADDE	RESSES) ("X" BOX FOR A	TACHMENT)			
President Name NONE			Vice-President Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Secretary Name	cretary Name			Treasurer Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. LIST ALL DIRECTOR	S (NAMES AND ADD	PRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name			Director Name		- 196	
NONE						
Street Address	eet Address		Street Address			
City	State	Zip	City	State	Zip	
Director Name		,	Director Name		1	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTAC	HMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			NONE	N/A		
	tron silect.					
This report must be exec	cuted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	d representative. If the the corporation by the r	corporation is in the hand receiver or trustee.	s of a receiver or trustee	
File Date				erjury, I declare and affi ng any accompanying s		
		FILED	and that all statem	ents contained herein a	re true and correct.	
Check No By:		FFR <b>2 7</b> 2012	Signature of Authorized Representative Date			
FOR SECRETARY OF		man m	` ` '		Date	
orm No. 630 levised: 01/2012	CA#		Print or Type Name	of Authorized Represent	ative	