



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. ID No. 000102006

2. Exact Name of the Limited Liability Company Graybar Financial Services LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

EQUIPMENT LEASING

5. Principal Office Address

No. and Street: 1 CIT DRIVE
City or Town: LIVINGSTON State: NJ Zip: 07039 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 1 CIT DRIVE, # 3251-9
City or Town: LIVINGSTON State: NJ Zip: 07039 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ERIK LAWSON	ONE DEERWOOD, 10206 CENTURION PARKWAY N, SUITE 100 JACKSONVILLE, FL 32256 USA
MANAGER	TIMOTHY CARPENTER	34 N. MERAMEC AVE, PO BOX 7231 ST. LOUIS, MO 63177 USA
MANAGER	ROBERT T GEIS	ONE DEERWOOD, 10206 CENTURION PARKWAY N, SUITE 100 JACKSONVILLE, FL 32256 USA
MANAGER	STUART JAEGER	11885 LACKLAND ROAD ST. LOUIS, MO 63146 USA
MANAGER	JON REED	34 N. MERAMEC AVE, PO BOX 7231 ST. LOUIS, MO 63177 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of September, 2012 at 2:42:16 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LINDA M. SEUFERT
Signature of Authorized Person

Form No. 632
Revised 09/07

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