



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117605		2. Name of Corporation TRIUMPH LEASING CORPORATION			
3. Street Address Principal Business Office 194 AYER ROAD			City LITTLETON	State MA	Zip 01460
4. Business Phone No. 978-486-0120		5. State of Incorporation MASSACHUSETTS		6. SIC Code 6650	
7. Brief Description of the Character of Business Conducted in Rhode Island LEASE, RENT AND SELL - ROAD, OFFICE AND STORAGE TRAILERS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CLIFFORD S. CORT			Vice President Name / TREASURER RONALD D. CORT		
Street Address 28 Old Concord Road			Street Address 568 WELLESLEY STREET		
City LINCOLN	State MA	Zip 01773	City WESTON	State MA	Zip 02193
Secretary Name JAY L. FIALKOW			Treasurer Name RONALD D. CORT		
Street Address 155 BALDPATE ROAD			Street Address 568 WELLESLEY STREET		
City NEWTON	State MA	Zip 02159	City WESTON	State MA	Zip 02193
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ARTHUR H. CORT			Director Name GLENN A. CORT		
Street Address 132 QUAYSIDE DRIVE			Street Address 117 CHURCH STREET		
City JUPITER	State FL	Zip 33477	City WESTON	State MA	Zip 02193
Director Name JACK K. CORT			Director Name LORNA Macleod		
Street Address 250 COMMONWEALTH AVE.			Street Address 14 WARREN ROAD		
City BOSTON	State MA	Zip 02116	City WESTON	State MA	Zip 02193
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR VALUE			500	NO PAR	\$0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*117605\*

File Date FILED 8071  
Check No. FEB 28 2005  
By: 108  
FOR SECRETARY OF STATE USE ONLY

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.

Clifford S. Cort 2/24/05  
Signature of Officer Date  
CLIFFORD S. CORT  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>117605</b>		2. Name of Corporation <b>TRIUMPH LEASING CORPORATION</b>			
3. Street Address Principal Business Office <b>194 AYER ROAD</b>			City <b>LITTLETON</b>	State <b>MA</b>	Zip <b>01460</b>
4. Business Phone No. <b>978-486-0120</b>		5. State of Incorporation <b>MASSACHUSETTS</b>		6. SIC Code <b>6650</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>LEASE, RENT AND SELL - ROAD, OFFICE AND STORAGE TRAILERS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>CLIFFORD S. CORT</b>			Vice President Name <b>RONALD D. CORT</b>		
Street Address <b>28 OLD CONCORD ROAD</b>			Street Address <b>568 WELLESLEY STREET</b>		
City <b>LINCOLN</b>	State <b>MA</b>	Zip <b>01773</b>	City <b>WESTON</b>	State <b>MA</b>	Zip <b>02193</b>
Secretary Name <b>JAY L. FIALKOW</b>			Treasurer Name <b>CLIFFORD S. CORT</b>		
Street Address <b>155 BALDPATE ROAD</b>			Street Address <b>28 OLD CONCORD ROAD</b>		
City <b>NEWTON</b>	State <b>MA</b>	Zip <b>02159</b>	City <b>LINCOLN</b>	State <b>MA</b>	Zip <b>01773</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>ARTHUR H. CORT</b>			Director Name <b>GLENN A. CORT</b>		
Street Address <b>132 QUAYSIDE DRIVE</b>			Street Address <b>117 CHURCH STREET</b>		
City <b>JUPITER</b>	State <b>FL</b>	Zip <b>33477</b>	City <b>WESTON</b>	State <b>MA</b>	Zip <b>02193</b>
Director Name <b>JACK K. CORT</b>			Director Name <b>LORNA MACLEOD</b>		
Street Address <b>250 COMMONWEALTH AVE.</b>			Street Address <b>14 WARREN ROAD</b>		
City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02116</b>	City <b>WESTON</b>	State <b>MA</b>	Zip <b>02193</b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>15,000 COMM NO PAR VALUE</b>			<b>500</b>	<b>NO PAR</b>	<b>\$0</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 7 6 0 5 \*

File Date 1-23-04  
Check No. 7708  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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] 1-21-04  
Signature of Officer Date  
CLIFFORD S. CORT  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **117605** 2. Name of Corporation **TRIUMPH LEASING CORPORATION**  
 3. Street Address Principal Business Office **194 AYER ROAD** City **LITTLETON** State **MA** Zip **01460**  
 4. Business Phone No. **978-486-0120** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **6650**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**LEASE, RENT, SELL - ROAD TRAILERS, STORAGE TRAILERS, OFFICE TRAILERS**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>CLIFFORD S. CORT</b> Street Address <b>28 OLD CONCORD ROAD</b> City State Zip <b>LINCOLN MA 01773</b>	Vice President Name <b>RONALD D. CORT</b> Street Address <b>568 Wellesley STREET</b> City State Zip <b>WESTON MA 02193</b>
Secretary Name <b>JAY L. FIALKOW</b> Street Address <b>155 BALDPATE HILL ROAD</b> City State Zip <b>NEWTON MA 02459</b>	Treasurer Name <b>CLIFFORD S. CORT</b> Street Address <b>28 OLD CONCORD ROAD</b> City State Zip <b>LINCOLN MA 01773</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>ARTHUR H. CORT</b> Street Address <b>132 QUAYSIDE DRIVE</b> City State Zip <b>JUPITER FL 33477</b>	Director Name <b>GLENN A. CORT</b> Street Address <b>117 Church Street</b> City State Zip <b>WESTON MA 02193</b>
Director Name <b>JACK K. CORT</b> Street Address <b>250 Commonwealth Ave.</b> City State Zip <b>BOSTON MA 02116</b>	Director Name <b>LORNA MACLEOD</b> Street Address <b>14 WARREN ROAD</b> City State Zip <b>WESTON MA 02193</b>

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<b>15,000</b>	<b>COMMON</b>	<b>NO-PAR</b>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<b>500</b>	<b>NO PAR</b>	<b>\$ 0</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: **SEP 08 2003**

Check No.: **BY 7675600**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Clifford S. Cort* **9-5-03**  
Signature of Officer Date

**CLIFFORD S. CORT**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **117605** 2. Name of Corporation **TRIUMPH LEASING CORPORATION**

3. Street Address Principal Business Office **194 AYER ROAD** City **LITTLETON** State **MA** Zip **01460**

4. Business Phone No. **978-486-0120** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **6650**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**LEASE, RENT, SELL - ROAD TRAILERS, STORAGE TRAILERS, OFFICE TRAILERS**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>CLIFFORD S. CORT</b>	Vice President Name <b>RONALD D. CORT</b>
Street Address <b>28 OLD CONCORD ROAD</b>	Street Address <b>568 WELLESLEY STREET</b>
City <b>LINCOLN</b> State <b>MA</b> Zip <b>01773</b>	City <b>WESTON</b> State <b>MA</b> Zip <b>02193</b>

Secretary Name <b>JAY L. FIALKOW</b>	Treasurer Name <b>CLIFFORD S. CORT</b>
Street Address <b>155 BALDPATE HILL RD.</b>	Street Address <b>28 OLD CONCORD ROAD</b>
City <b>NEWTON</b> State <b>MA</b> Zip <b>02459</b>	City <b>LINCOLN</b> State <b>MA</b> Zip <b>01773</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>ARTHUR H. CORT</b>	Director Name <b>GLENN A. CORT</b>
Street Address <b>132 QUAYSIDE DR.</b>	Street Address <b>171 CHURCH STREET</b>
City <b>JUPITER</b> State <b>FL</b> Zip <b>33477</b>	City <b>WESTON</b> State <b>MA</b> Zip <b>02193</b>

Director Name <b>JACK K. CORT</b>	Director Name <b>LORNA MACLEOD</b>
Street Address <b>250 COMMONWEALTH AVE</b>	Street Address <b>14 WARREN RD.</b>
City <b>BOSTON</b> State <b>MA</b> Zip <b>02116</b>	City <b>WESTON</b> State <b>MA</b> Zip <b>02193</b>

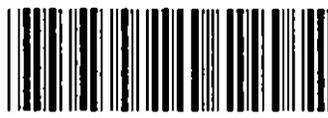
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**15,000 COMM NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**500 NO PAR \$0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 7 6 0 5 \*

File Date: 2-15-02

Check No.: 7147

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 2-14-02  
Signature of Officer Date

CLIFFORD S. CORT  
Print or Type Name of Officer

President  
Title of Officer