

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

ence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

Filing Period: Septen	ıber 1 -	November 1 •	Filing Fee: \$50.00				•
(FORM MUST BE TYPED	OR PRIN	TED IN BLACK)					
1. 11) No. 132260		ct name of the limited hability company Commercial Leasing, LLC					
3. State of Formation				tch is actually conducted in Rhode is	and		
DELAWARE		LEASING/ SALE O	F COMPUTER SYSTEMS	3			
5. Principal office address				City	State		Zip
ONE AD	PB.	LVD MS4	33	ROSELAND	N.	T	07068
				OR TITLE OF CONTACT PE	RSON:		
Contact Name				Contact Title			
VERA) Es	TRADA					
Street Address				City	State		Zip
ONE	ADF	BLVD MS	5 433	ROSELAND	レスコ	-	07068
		•	•	ILITY COMPANY, IF APPLIC	ABLE		•
		FILL IN SPACES	BEFORE USING ATTA	CHMENTS ("X" BOX FOR A	ATTACHMENT		
AN	MODII	FICATIONS TO MAI	NAGERS REQUIRES FII	JNG OF AMENDMENT, R.I.G	i.L. 7-16-12 (a	1) (2) / 7-16	-52
Manager Name		_		Manager Name			
JAL	NES	B. BENS	SON	ROBERT J.	SING	ER	
Street Address				Street Address	, ,		
	ADI	BLYD M	<u> </u>	ONE ADP R	LVD N	NS 43	3
CITY		State	Z.φ	City	State	_	<i>Σ</i> φ
NOSELAN	ري:	<i>N</i> 2	07068	MOSELAND		1) <i>07068</i>
Manager Name	~·			Manager Name			
Street Address	<u> </u>	E. DYKS	STEA			_	
000	AI	OP BLVD	MS433	Street Address			
City		State	Zip O	City	State		Zip
KOSELAN			1 07068	<u>.</u>			
	IN RH	ODE ISLAND - DO I	NOT ALTER - Changes	require filing of Form 642	- R.I.G.L. 7-1	6-11	
Agent Name				Address			
CT CORPORATION SY	STEM						
Address				City		Zip	
10 WEYBOSSET STREET			PROVIDENCE	· · · · · · · · · · · · · · · · · · ·			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

132260

File Date	11.02.05			
Check No.	00373			
Ву:	<u> </u>			
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 of Authorized Person

10/31/05 Date

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00							
(FORM MUST BE TYPED	OR PRINT	TED IN BLACK)	•				
1.1D No 132260		t name of the limited liability company Commercial Leasing, LLC					
3. State of Formation		4. Brief description of the	character of the business whi	ch is actually conducted in Rhode Islan	d		
DELAWARE		LEASING/	SALE OF COL	IPUTER SYSTEMS	•		
5. Principal office address		/	<u> </u>	ROSELAND	State	Zip	
ONE ADA BLUD			ROSELAND	NJ	07068		
6. MAILING ADDRES	SS OF L	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		
Contact Name	_			Contact Title			
L VERI	A Est	TEADA					
Street Address				City	State	Ztp	
ONE	ADF	BLUD MG	3433	POSELAND	N:	07068	
7. NAME AND ADDE	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAL	BLE	•	
			BEFORE USING ATTAC				
ANT	Y MODII	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.J.G.I	7-16-12 (a) (2) / 7-16-52	
Manager Name				Manager Name			
JAMES	s R	BENSON)	ROBETET J. S	SINGE	2	
Sirvei Address	_			Street Address			
ONE Y	DP A	BLVD MS4	33	ONE ADP BL	VD MS	8433	
ROSELAN	a	State レナ	zφ 07068	ROSELAND	State NJ	7.1p 07068	
Manager Name KAREN	E.	DYKGTRA		Manager Name			
Street Address				Street Address			
ONE D	Db	BLYD ME	<u> </u>				
ROSELAN	Q	State NJ	07068	Clty	State	Zip	
8. RESIDENT AGENT	IN RHO	DDE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11	
Agent Name				Address			
CT CORPORATION SY	STEM						
Address				City		Zip	
10 WEYBOSSET STRE	ET			PROVIDENCE		02903-	
<u> </u>							

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Daie	9	27	104		
Check No.	<u>8</u>	77	65		
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.

Signature of Authorized Person

tylie /

Print or Type Name of Authorized Person