



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 129082 2. Name of Corporation UNION LEASING INC

3. Street Address Principal Business Office 150 N MARTINGALE RD SUITE 888 City SCHAUMBURG State IL Zip 60173-2082

4. Business Phone No. 847-240-1500 5. State of Incorporation ILLINOIS 6. SIC Code 8813

7. Brief Description of the Character of Business Conducted in Rhode Island
LONG TERM VEHICLE LEASING

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

President Name SHAD PETERSON Vice President Name KENT BOSKOVICH

Street Address 150 N MARTINGALE ROAD City SCHAUMBURG State IL Zip 60173-2080

Street Address 150 N MARTINGALE ROAD City SCHAUMBURG State IL Zip 60173-2080

Secretary Name SHAD PETERSON Treasurer Name FRED SASSER

Street Address City State Zip

Street Address 6250 N RIVER ROAD City ROSEMONT State IL Zip 60018

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

Director Name FRED SASSER Director Name

Street Address City State Zip

Street Address City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	NONE	\$5.00	1,245	NONE	\$5.00

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



1 2 9 0 8 2

File Date 9/19/05

Check No. 046414

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] Date 9/15/05

Signature of Officer SHAD PETERSON Date

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. 129082		2. Name of Corporation UNION LEASING, INC.			
3. Street Address Principal Business Office 150 N. MARTINGALE RD STE 888		City SCHAUMBURG		State IL	Zip 60173
4. Business Phone No. (817) 240 1500		5. State of Incorporation ILLINOIS			6. SIC Code 8813
7. Brief Description of the Character of Business Conducted in Rhode Island LONG TERM VEHICLE LEASING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DALE F PUTZ			Vice President Name KENT BOSKOVICH		
Street Address 150 N. MARTINGALE RD STE 888			Street Address 150 N. MARTINGALE RD STE 888		
City SCHAUMBURG	State IL	Zip 60173	City SCHAUMBURG	State IL	Zip 60173
Secretary Name DALE F PUTZ			Treasurer Name FRED R. SASSER		
Street Address			Street Address 6250 N. RIVER RD		
City	State	Zip	City ROSEMONT	State IL	Zip 60018
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DALE F PUTZ			Director Name FRED R. SASSER		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
10,000 COMM \$5.00 PAR VALUE			1245		\$5.00

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



* 1 2 9 0 8 2 *

File Date **RECEIVED**

Check No. **JAN 26 2004**

By: **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] 1/22/04
Signature of Officer Date
DALE F PUTZ
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 129082		2. Name of Corporation UNION LEASING, INC.	
3. Street Address Principal Business Office 150 NORTH MARTINGALE ROAD, SUITE 888		City SCHAUMBURG	State IL
4. Business Phone No. (847) 240-1500		5. State of Incorporation ILLINOIS	6. SIC Code 8813
7. Brief Description of the Character of Business Conducted in Rhode Island LONG TERM VEHICLE LEASING			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dale F. Putz		Vice President Name Kent Boskovich	
Street Address 150 N Martingale Rd, Ste. 888		Street Address 150 N Martingale Rd., Ste. 888	
City Schaumburg	State IL	Zip 60173	City Schaumburg
Secretary Name Dale F. Putz		Treasurer Name Fred R. Sasser	
Street Address 150 N Martingale Rd, Ste. 888		Street Address 6250 N River Rd	
City Schaumburg	State IL	Zip 60173	City Rosemont
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Dale F. Putz		Director Name Fred R. Sasser	
Street Address 150 N Martingale Rd, Ste. 888		Street Address 6250 N River Rd	
City Schaumburg	State IL	Zip 60173	City Rosemont
Director Name Dale F. Putz		Director Name Fred R. Sasser	
Street Address 150 N Martingale Rd, Ste. 888		Street Address 6250 N River Rd	
City Schaumburg	State IL	Zip 60173	City Rosemont
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
10,000		\$5.00	1,245
			\$5.00

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



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129082 FBC 09/09/03 11:54:47 AM

File Date 9-22-03

Check No 31980

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 of Officer

Date

Dale F. Putz
Print or Type Name of Officer

President
Title of Officer