

1.) CORPORATION NAME:

COLONIAL PACIFIC LEASING CORPORATION

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1357153**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 MERRITT 7

CITY/ST/ZIP: NORWALK, CT 06851

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: DIANE L COOPER TITLE: PRESIDENT ADDRESS: 300 E JOHN CARPENTER FREEWAY CITY/ST/ZIP/CO: IRVING, TX 75062</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DEAN DEBROUX TITLE: VICE PRESIDENT ADDRESS: 300 E JOHN CARPENTER FREEWAY CITY/ST/ZIP/CO: IRVING, TX 75062</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TOM QUINDLEN TITLE: VICE PRESIDENT ADDRESS: 10 RIVERVIEW DRIVE CITY/ST/ZIP/CO: DANBURY, CT 06810</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM BRASSER TITLE: VICE PRESIDENT ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH HANLON TITLE: VICE PRESIDENT ADDRESS: 300 E JOHN CARPENTER FREEWAY CITY/ST/ZIP/CO: IRVING, TX 75062</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DANIEL HENSON TITLE: VICE PRESIDENT ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JOSEPH HANLON TITLE: TREASURER ADDRESS: 300 E JOHN CARPENTER FREEWAY CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOSEPH CISTULLI TITLE: SECRETARY ADDRESS: 300 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANTHONY IANNINI TITLE: ASST SECRETARY ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ANTHONY IANNINI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY IANNINI, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/22/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		