

1.) CORPORATION NAME: Centralize Leasing Corp.	DUE DATE: 2/29/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: F1410176				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND, VA	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: DE					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 18301 VON KARMAN AVENUE #1100

CITY/ST/ZIP: IRVINE, CA 92612

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.

NAME: SHIRLEY SCHAAL TITLE: ASST CORP SEC ADDRESS: 18301 VON KARMAN AVENUE #1100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOHN E. PAGE TITLE: SECRETARY ADDRESS: 18301 VON KARMAN AVENUE #1100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM D. SANDERSON TITLE: CFO ADDRESS: 18301 VON KARMAN AVENUE #1100 CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ SHIRLEY SCHAAL	SHIRLEY SCHAAL, ASST CORP SEC	1/21/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.