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|--|---|--|-------|------------|--------|---------|
| <b>SCC eFile</b>   | <b>2013 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 213543078  |       |            |        |         |
| 1.) CORPORATION NAME:<br><b>ALL CAR LEASING, INC.</b>  |   | DUE DATE: <b>10/31/2013</b>  |       |            |        |         |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CORPORATION SERVICE COMPANY<br/>Bank of America Center, 16th Floor<br/>1111 East Main Street</b>  |   | SCC ID NO: <b>F1580853</b>   |       |            |        |         |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>RICHMOND CITY</b>  |   | 5.) STOCK INFORMATION<br><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>100,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100,000 |
| CLASS  | AUTHORIZED  |  |       |            |        |         |
| COMMON   | 100,000   |  |       |            |        |         |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>MD</b>  |   |  |       |            |        |         |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 105 MAIN ST<br><br>CITY/ST/ZIP: LAUREL, MD 20707   |   |  |       |            |        |         |
| 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: M L DELORENZO  | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |         |
| TITLE: PRESIDENT   |   |  |       |            |        |         |
| ADDRESS: 105 MAIN ST   |   |  |       |            |        |         |
| CITY/ST/ZIP/CO: LAUREL, MD 20707   |   |  |       |            |        |         |
| NAME: ANNETTE CHONG  | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR  |       |            |        |         |
| TITLE: ASST SECRETARY  |   |  |       |            |        |         |
| ADDRESS: 105 MAIN ST   |   |  |       |            |        |         |
| CITY/ST/ZIP/CO: LAUREL, MD 20707   |   |  |       |            |        |         |
| 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/ ANNETTE CHONG  | ANNETTE CHONG, ASST   | 9/16/2013  |       |            |        |         |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | SECRETARY<br>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. |   |  |       |            |        |         |