

SCC eFile

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

216503994

1.) CORPORATION NAME:

Carrier Enterprise Leasing, Inc.

DUE DATE: **1/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1846841**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2665 S BAYSHORE DR STE 901

CITY/ST/ZIP: COCONUT GROVE, FL 33133

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:	JOHN BARTRO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4300 GOLF ACRES DR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28208		

NAME:	BARRY S LOGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2665 S BAYSHORE DR STE 901		
CITY/ST/ZIP/CO:	COCONUT GROVE, FL 33133		

NAME:	ANA M MENENDEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	2665 S BAYSHORE DRIVE		
CITY/ST/ZIP/CO:	STE 901 COCONUT GROVE, FL 33133		

NAME:	MICHAEL R TOURTELOT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO/TREASURE		
ADDRESS:	4300 GOLF ACRES DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28208		

NAME:	EFY DISTEFANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2665 S BAYSHORE DR STE 901		
CITY/ST/ZIP/CO:	COCONUT GROVE, FL 33133		

NAME:	JACQUES C BORIES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE CARRIER PLACE		
CITY/ST/ZIP/CO:	FARMINGTON, CT 06032		

NAME:	PAUL W JOHNSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2665 S BAYSHORE DRIVE		
	#901		
CITY/ST/ZIP/CO:	COCONUT GROVE, FL 33133		

NAME:	ROBERT MCDONOUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2665 SOUTH BAYSHORE DRIVE		
	SUITE 901		
CITY/ST/ZIP/CO:	COCONUT GROVE, FL 33133		

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/ JOHN BARTRO	JOHN BARTRO, PRESIDENT	1/29/2016
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.