

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002479

**Entity Name:** MAC TRAILER LEASING, INC.

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**8594478566CC**

**Current Principal Place of Business:**

3 GATEWAY CENTER  
100 MULBERRY STREET STE 1100  
NEWARK, NJ 07102

**Current Mailing Address:**

3 GATEWAY CENTER  
100 MULBERRY STREET STE 1100  
NEWARK, NJ 07102 US

**FEI Number:** 13-4127319

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SHIPP, KEITH  
Address 3 GATEWAY CENTER  
100 MULBERRY STREET STE 1100  
City-State-Zip: NEWARK NJ 07102

Title STD  
Name SUKOVICH, ROBERT  
Address 3 GATEWAY CENTER  
100 MULBERRY STREET STE 1100  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name KAWABE, TARO  
Address 375 LEXINGTON AVE  
City-State-Zip: NEW YORK NY 10017

Title CHAIRMAN  
Name FUNAKI, KENJI  
Address 3 GATEWAY CENTER  
100 MULBERRY STREET STE # 1100  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name FUNAKI, KENJI  
Address 3 GATEWAY CENTER  
100 MULBERRY STREET STE 1100  
City-State-Zip: NEWARK NJ 07102

Title TREASURER / CFO  
Name WILSON, LYNNE C  
Address 3 GATEWAY CENTER  
100 MULBERRY STREET STE 1100  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name WILSON, LYNNE C  
Address 3 GATEWAY CENTER  
100 MULBERRY STREET STE 1100  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name HAYASHI, TAKAYUKI  
Address 375 LEXINGTON AVENUE  
City-State-Zip: NEW YORK NY 10017

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT SUKOVICH

**SECRETARY**

**02/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MATSUDA, HIDEYUKI  
Address        375 LEXINGTON AVENUE  
City-State-Zip: NEW YORK NY 10017