

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **833944** (2)
1. Corporation Name
SECURITY PACIFIC LEASING CORPORATION



Principal Place of Business 4 EMBARCADERO CENTER SUITE 1200 SAN FRANCISCO CA 94111	Mailing Address 4 EMBARCADERO CENTER SUITE 1200 SAN FRANCISCO CA 94111-4185
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2. Principal Place of Business 21 555 CALIFORNIA ST. 4TH FLOOR SUITE, Apt. #, etc.	2a. Mailing Address 26 555 CALIFORNIA ST. 4TH FLOOR SUITE, Apt. #, etc.	3. Date Incorporated or Qualified 03/06/1975	3a. Date of Last Report 05/01/1996
22 San Francisco, CA	27 San Francisco, CA	4. FEI Number 95-2928333	Applied For <input type="checkbox"/> Not Applicable
23 94107	28 94107	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) N/A 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **N/A**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, RICHARD V.		1.2 NAME Richard V. Harris	
STREET ADDRESS 4 EMBARCADERO CENTER, SUITE 1200		1.3 STREET ADDRESS 555 CALIFORNIA ST. 4TH FLOOR	
CITY-ST-ZIP SAN FRANCISCO CA		1.4 CITY-ST-ZIP SAN FRANCISCO, CA 94107	
TITLE DEVP	<input type="checkbox"/> DELETE	2.1 TITLE DEVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE, THOMAS K.		2.2 NAME Thomas K. Rose	
STREET ADDRESS 4 EMBARCADERO CENTER, SUITE 1200		2.3 STREET ADDRESS 555 CALIFORNIA STREET, 4TH FLOOR	
CITY-ST-ZIP SAN FRANCISCO CA		2.4 CITY-ST-ZIP SAN FRANCISCO, CA. 94107	
TITLE SVP	<input type="checkbox"/> DELETE	3.1 TITLE SVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALTER, RICHARD		3.2 NAME Richard C. Walter	
STREET ADDRESS 4 EMBARCADERO CENTER		3.3 STREET ADDRESS 555 CALIFORNIA STREET, 4TH FLOOR	
CITY-ST-ZIP SAN FRANCISCO, CA 00000		3.4 CITY-ST-ZIP SAN FRANCISCO, CA. 94107	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURRAY, MICHAEL J		4.2 NAME	
STREET ADDRESS 555 CALIFORNIA ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHANNANHAN, JOHN		5.2 NAME	
STREET ADDRESS 555 CALIFORNIA ST 41-F		5.3 STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA		5.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOROKIN, CHERYL A.		6.2 NAME	
STREET ADDRESS 555 CALIFORNIA ST., 6TH FLOOR		6.3 STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: **Richard C. Walter** **April 18 1997 (md) 245 2024**

CR2E034 (9/96)