

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 833944 (2)**  
 1. Corporation Name  
**SECURITY PACIFIC LEASING CORPORATION**



Principal Place of Business <b>855 CALIFORNIA ST., 4TH FLOOR                  SAN FRANCISCO CA 94104                  US</b>	Mailing Address <b>555 CALIFORNIA ST.,                  4TH FLOOR                  SAN FRANCISCO CA 94104                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 SAME AS ABOVE</b>	2a. Mailing Address <b>26 SAME AS ABOVE</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>03/06/1975</b>		
4. FEI Number <b>95-2928333</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, RICHARD V.</b>	
STREET ADDRESS	<b>855 CALIFORNIA ST., 4TH FLOOR</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	<b>DEVP</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSE, THOMAS K.</b>	
STREET ADDRESS	<b>855 CALIFORNIA ST., 4TH FL.</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>WALTER, RICHARD</b>	
STREET ADDRESS	<b>855 CALIFORNIA ST., 4TH FL</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MURRAY, MICHAEL J</b>	
STREET ADDRESS	<b>855 CALIFORNIA ST.</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHANNANHAN, JOHN</b>	
STREET ADDRESS	<b>855 CALIFORNIA ST 41-F</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SOROKIN, CHERYL A.</b>	
STREET ADDRESS	<b>855 CALIFORNIA ST., 6TH FLOOR</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 an attachment with an asterisk.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)