

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PH 9:57

DOCUMENT # **837616** (2)

1. Corporation Name

SOCIETY EQUIPMENT LEASING CORPORATION

Principal Place of Business

Mailing Address

127 PUBLIC SQUARE
CLEVELAND OH 44114
US

127 PULIC SQUARE, 8TH FLOOR
C/O CORPORATE TAX DEPT.
CLEVELAND OH 44114
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/29/1976

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21 **54 State Street**

2a. Mailing Address
26 **P.O. Box 655**

4. FEI Number
31-0738707

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Albany, NY

Albany, NY

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip **12207**

25 Country **USA**

29 Zip **12201-0655**

30 Country **USA**

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VT**
NAME **GOLINSKI, JOSEPH F.**
STREET ADDRESS **127 PUBLIC SQUARE**
CITY-ST-ZIP **CLEVELAND OH**

1.1 TITLE **President** Change Addition
1.2 NAME **Frederick E. Wolfert**
1.3 STREET ADDRESS **54 State Street**
1.4 CITY-ST-ZIP **Albany, NY 12207**

TITLE **S**
NAME **CARLINI, LAWRENCE J**
STREET ADDRESS **127 PUBLIC SQUARE**
CITY-ST-ZIP **CLEVELAND OH**

2.1 TITLE **Sr. Vice President** Change Addition
2.2 NAME **J. Michael Fitzgibbons**
2.3 STREET ADDRESS **54 State Street**
2.4 CITY-ST-ZIP **Albany, NY 12207**

TITLE **V**
NAME **WESTLEY, JAMES D**
STREET ADDRESS **127 PUBLIC SQUARE**
CITY-ST-ZIP **CLEVELAND OH**

3.1 TITLE **Secretary** Change Addition
3.2 NAME **Stuart A. Mintz**
3.3 STREET ADDRESS **127 Public Square**
3.4 CITY-ST-ZIP **Cleveland, OH 44114**

TITLE **P**
NAME **DESPOSITO, A. J.**
STREET ADDRESS **127 PUBLIC SQUARE**
CITY-ST-ZIP **CLEVELAND OH**

4.1 TITLE **Vice President** Change Addition
4.2 NAME **Beth L. Weicman**
4.3 STREET ADDRESS **54 State Street**
4.4 CITY-ST-ZIP **Albany, NY 12207**

TITLE **D**
NAME **FISHELL, JAMES A.**
STREET ADDRESS **127 PUBLIC SQUARE**
CITY-ST-ZIP **CLEVELAND OH**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **RASSMUSSEN, ERIC P.**
STREET ADDRESS **127 PUBLIC SQUARE**
CITY-ST-ZIP **CLEVELAND OH**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 address.

SIGNATURE:

Beth L. Weicman

Beth L. Weicman, Vice President

3/31/95

(518) 486-8939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number