

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 857414 (7)**

1. Corporation Name  
**LEWISTON LEASING CORPORATION**



Principal Place of Business      Mailing Address  
**% DEAN WITTER REYNOLDS INC.  
101 CALIFORNIA ST.  
SAN FRANCISCO CA 94111**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/12/1983**      **04/05/1995**  
4. FEI Number      Applied For  
**13-3165462**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

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

**9. 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**

Sign in the 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       DELETE  
NAME      **PD CARMEN, RONALD T**  
STREET ADDRESS      **16 WACHUSETTS STREET**  
CITY-ST-ZIP      **ROCKVILLE CENTER NY**  
TITLE       DELETE  
NAME      **VP HORGAN, MATTHEW M**  
STREET ADDRESS      **26 MOHAWK LANE**  
CITY-ST-ZIP      **GREENWICH CT**  
TITLE       DELETE  
NAME      **T DOUGLAS, RAYMOND F**  
STREET ADDRESS      **429 WELLESLEY AVE.**  
CITY-ST-ZIP      **MILL VALLEY CA**  
TITLE       DELETE  
NAME      **SD CHARROW, CHARLES**  
STREET ADDRESS      **444 E. 84TH STREET**  
CITY-ST-ZIP      **NEW YORK NY**  
TITLE       DELETE  
NAME       DELETE  
STREET ADDRESS       DELETE  
CITY-ST-ZIP       DELETE

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE       Change       Addition  
2.2 NAME      **Vice President & Director**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
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 119.07(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: Raymond F. Douglas**      **Raymond F. Douglas**      **Treasurer**      **2/12/96**      **(415) 693-6628**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)

857414 p. 2

LEWISTON LEASING CORPORATION LIST OF OFFICERS JANUARY 31, 1996

T#	OFFICER	TITLE	RESIDENCE ADDRESS
---	-----	-----	-----
03	CARMAN, RONALD T.	PRESIDENT	16 WACHUSETTS STREET ROCKVILLE CENTRE, NY 11570
10	MORGAN, MATTHEW M.	VICE PRESIDENT	26 MOHAWK LANE GREENWICH, CT 06831
13	DOUGLAS, RAYMOND F.	TREASURER	429 WELLESLEY AVENUE MILL VALLEY, CA 94941
17	CHARROW, CHARLES M.	SECRETARY	444 E. 84TH STREET NEW YORK, NY 10028

857414 p.3

LEWISTON LEASING CORPORATION LIST OF DIRECTORS JANUARY 31, 1996

DIRECTOR	RESIDENCE ADDRESS
-----	-----
CARMAN, RONALD T.	16 WACHUSSETTS STREET ROCKVILLE CENTRE, NY 11570
CHARROW, CHARLES	444 E. 84TH STREET NEW YORK, NY 10028
HORGAN, MATTHEW M.	26 MOHAWK LANE GREENWICH, CT 06831