

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 # F97000002304 (0)**  
1. Corporation Name  
**CORPORATE EXPRESS DELIVERY LEASING - SOUTHEAST, INC.**

Principal Place of Business <b>11 GREENWAY PLAZA, STE 250 HOUSTON TX 77046</b>	Mailing Address <b>11 GREENWAY PLAZA, STE 250 HOUSTON TX 77046</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/14/1997</b>		4. FEI Number <b>56-1949063</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
23 Zip Country	28 Zip Country	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		
24	25	29	30	

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH 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) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PO</b> <input type="checkbox"/> DELETE
NAME	<del>GRANT, GARY W</del>
STREET ADDRESS	<b>11 GREENWAY PLAZA, STE 250 HOUSTON TX</b>
CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ENGLAND JR, R D</b>
STREET ADDRESS	<b>BLDG 200, STE 140 ROSWELL GA</b>
CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<del>HADDOX, JAMES H</del>
STREET ADDRESS	<b>11 GREENWAY PLAZA, STE 250 HOUSTON TX</b>
CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HAMMER, RONALD A</b>
STREET ADDRESS	<b>2115 REXFORD ROAD, STE 224 CHARLOTTE NC</b>
CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>RAMEY, SHON C</b>
STREET ADDRESS	<b>11 GREENWAY PLAZA, STE 250 HOUSTON TX</b>
CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LENO, SAM R</b>
STREET ADDRESS	<b>1 ENVIRONMENTAL WAY BROOMFIELD CO</b>
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Clarence J. Gabriel, Jr.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>300002504833</b>
2.3 STREET ADDRESS	<b>-04/28/98--01124--002</b>
2.4 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Adam Szczepanski</b>
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	<b>64-27-98</b>
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 address.

SIGNATURE \_\_\_\_\_ DATE **4-14-98**

CR2E034 (10/97)