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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P04589

(8)

BELL ATLANTIC TRICON LEASING, INC.

Mailing Address	
1717 ARCH STREET	
30TH FLOOR	
PHILADELPHIA PA 19103-2713	

FILED Feb 03 1997 8:00am Secretary of State



1717 ARCH ST 30TH FLOOR PHILADELPHIA US		1717 ARCH STREET 30TH FLOOR PHILADELPHIA PA 19103-2713 US			3. Date Incorporated or Qualified 01/07/1985	3a. Date of Last 05/01/1990	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 104 (ARNEGIE CONTER				22-2500137		Not Applicable
Suite, Apt. #, étc. Suite. Apt. #, etc. 27					5. Certificate of Status Desired	1 1 7 7 7	Additional Required
City & State 23 PK# C	ETON NIT	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24 085	Country 25 V, 5, A.	Zip 29	Count	′y		JYes 🗶 No	s. 199.032,
CT	9. Name and Address of Current CORPORATION SYSTEM	Hegisterea Agent	8	1 Name	10. Name and Address of New Re	gistered Agent	
	O S. PINE ISLAND ROAD		L				
PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable) 83			
				<u>'</u>			
	•		8	4 City		FL 85 Zin	p Code
11. Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo	ve-named	corporation submits this statement for the p	purpose of changing	its registered
agent La	egistered agent, or both, in the State o ni familiar with, and accept the obligati	f Florida. Such change was ons of, Section 607.0505, F	authorized l lorida Statut	oy the corp es.	poration's board of directors. I hereby accep	ot the appointment a	is registered
SIGNATURE	Signature, typed in proteo game of trigostricid agent	and tile diapplicable (NO	TE: Flegistered A	gent signature	required when roinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	ORS IN 12
TITLE	PD	DELETE	1.1 FITLE			Change Change	Addition
NAME	PARSONS, JAMES	· ·	1.2 NAMI		ELLEN G. WOLF		
STREET ADDRESS	1717 ARCH STRET 30TH FLOO PHILADELPHIA PA	m .	1.3 STRE	et address	ITT ARCH ST.	3	
CITY-ST-ZIP	S S	DELETE	1.4 CITY		PHOLADOLPHOA PA- 19	103	Addition
TILLE	DOMBROWSKI, RAYMOND	□ nere in	2 1 TITLE			Change	e Addition
NAME STREET ADDRESS	1717 ARCH STREET 32ND FLO	OOR	2.2 NAMI	ET ADDRESS			
CITY-ST-ZIP	PHILADEPHIA PA		2.3 STRE				
011-31-21	D	DELETE	31 TITLE		, , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME	ALBERTINI, WILLIAM O		3 2 NAM	:			
STHEET ADDRESS	1717 ARCH ST.		3.3 STRE	et address			
CITY-ST-ZiP	PHILADELPHIA PA		3.4. CITY	- ST - ZIP			
TITLE	ALDRITY MARTIN	DELETE	4.1 THTLE			Change	e 🔲 Addition
NAME	GARRITY, JANET M		4. 2 NAM	E			
STREET ADORESS	1717 ARCH STREET		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA	T becer	4.4 CITY				Last.
TITLE	STILL, JAMES	DELETE	5.1 TITLE			Change	e 🔲 Addifian
NAME PAREET ADDRESS OF	1717 ARCH STRET		5.2 NAM			~ 1	ን / ^
STREET ADDRESS	PHILADELPHIA PA		1	ET ADDRESS	1	\mathcal{F}	$V' \setminus V$
City-St-ZiP Title	D	DELETE	5.4 CITY 5.1 TITLE			Change	e Addition
NAME	WOLF, ELLEN C	Annal Assessed to	6.2 NAM			•	
STREET ADDRESS	1717 ARCH STRETT 49TH FLO	OR		ET ADDRESS	6000020 -02/05/9701	TTORE	
CITY ST-ZIP	PHILADEPLHIA PA		6.4 CITY	1	-02/05/9701	031กรีจ	
			3 3111				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 1907 120. Find the 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 trustoe 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.