

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18548 (8)

1. Corporation Name
GELCO EQUIPMENT LEASING COMPANY OF DELAWARE



Principal Place of Business 260 LONG RIDGE ROAD P.O. BOX 8109 STAMFORD CT 06927	Mailing Address DEPT. 8109 260 LONG RIDGE RD. STAMFORD CT 06927-1600
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3. Date Incorporated or Qualified 03/24/1988	3a. Date of Last Report 04/14/1996
4. FEI Number 41-1600163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	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
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	VD	<input type="checkbox"/> DELETE
NAME	FANELLI, THOMAS	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY CT	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, J GORDON	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMAS, KELLY S.	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEAL, MICHAEL A.	
STREET ADDRESS	3303 STAMFORD SQUARE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FIORE, DOMINIC A.	
STREET ADDRESS	777 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	YR TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey L Hyde	
1.3 STREET ADDRESS	260 Long Ridge Rd	
1.4 CITY-ST-ZIP	Stamford, CT 06927	
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 do 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 on an attachment with an address.

SIGNATURE: _____ DATE: 4-27-97 DAYTIME PHONE #: 203 357-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

ATTACH SEE