

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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # P27507 (3)

1. Corporation Name
SUBARU LEASING CORP.



Principal Place of Business: **2235 ROUTE 70 WEST CHERRY HILL NJ 08002**
Mailing Address: **2235 ROUTE 70 WEST CHERRY HILL NJ 08002**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1989		3a. Date of Last Report 06/07/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2721117		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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: _____ (Signature, type or printed name of registered agent and title if any is also required. Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLL, THOMAS J	1. 2 NAME	
STREET ADDRESS	2235 RT 70 WEST	1. 3 STREET ADDRESS	
CITY - ST - ZIP	CHERRY HILL NJ	1. 4 CITY - ST - ZIP	
TITLE	V	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISHIZAWA, TETSURO	2. 2 NAME	
STREET ADDRESS	2235 RT 70 WEST	2. 3 STREET ADDRESS	
CITY - ST - ZIP	CHERRY HILL NJ	2. 4 CITY - ST - ZIP	
TITLE	S	3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARFF, JOSEPH T.	3. 2 NAME	Joseph T. Scharff
STREET ADDRESS	2235 ROUTE 70 WEST	3. 3 STREET ADDRESS	2235 Route 70 West
CITY - ST - ZIP	CHERRY HILL NJ	3. 4 CITY - ST - ZIP	Cherry Hill, NJ 08002
TITLE	T	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARFF, JOSEPH T.	4. 2 NAME	
STREET ADDRESS	2235 ROUTE 70 WEST	4. 3 STREET ADDRESS	
CITY - ST - ZIP	CHERRY HILL NJ	4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. 2 NAME	Kenneth C. L'Esperance
STREET ADDRESS		5. 3 STREET ADDRESS	2235 Route 70 West
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	Cherry Hill, NJ 08002
TITLE		6. 1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. 2 NAME	Lawrence F. Flick
STREET ADDRESS		6. 3 STREET ADDRESS	Four Penn Center
CITY - ST - ZIP		6. 4 CITY - ST - ZIP	Philadelphia, PA 19103

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. **To the best of my knowledge, information and belief.**

SIGNATURE: _____ DATE: **2-28-96** DAYTIME PHONE #: **(609) 488-8500**

CR2E034 (12/95)