


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90238 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27507
 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/29/1989	
4. FEI Number 22-2721117	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOLL, THOMAS J	
STREET ADDRESS	2235 RT 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NISHIZAWA, TETSURO	
STREET ADDRESS	2235 RT 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHARFF, JOSEPH T.	
STREET ADDRESS	2235 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHARFF, JOSEPH T.	
STREET ADDRESS	2235 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	L'ESPERANCE, KENNETH C.	
STREET ADDRESS	2235 ROUTE 70 W	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLICK, LAWRENCE F.	
STREET ADDRESS	235 RT 70 W	
CITY-ST-ZIP	CHERRY HILLS NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice Pres./Director
2.3 STREET ADDRESS	Ikeda, Tomohiko
2.4 CITY-ST-ZIP	2235 Rt. 70 West Cherry Hill, NJ 08002
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Flick, II, Lawrence
6.4 CITY-ST-ZIP	Four Penn Center Philadelphia, PA 19103

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, with all other like empowered to the best of my knowledge, information and belief.

SIGNATURE: _____ Date: **1-19-99** Daytime Phone #: **609-488-8500**
 Signature and typed or printed name of signing officer or director: **Joseph T. Scharff**

CR2E034 (11/98)