

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

DOCUMENT # **P28418** (2)

1. Corporation Name

BEACON LEASING CORPORATION



Principal Place of Business

% SEQUA CORP
3 UNIVERSITY PLAZA
HACKENSACK NJ 07601

Mailing Address

% SEQUA CORP
3 UNIVERSITY PLAZA
HACKENSACK NJ 07601

3. Date Incorporated or Qualified

03/07/1990

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

13-3339105

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

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 607.0509 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, typed or printed name of registered agent and their applicant

(If only Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

QUICKE, JOHN J.

DELETE

STREET ADDRESS

11 STONY HOLLOW RD

CITY - ST - ZIP

SLATE HILL NY

TITLE

V

WOARD, ALAN J

DELETE

STREET ADDRESS

120 SO CENTRAL AVE

CITY - ST - ZIP

ST LOUIS MO

TITLE

D

GUTTERMAN, GERALD S.

DELETE

STREET ADDRESS

27 PONDFIELD PKWY

CITY - ST - ZIP

MT. VERNON NY

TITLE

D

KRINSLY, STUART Z.

DELETE

STREET ADDRESS

1135 GREACEN POINT RD.

CITY - ST - ZIP

MAMARONCECK NY

TITLE

S

HARMON, ELLEN T.

DELETE

STREET ADDRESS

18 HILLANDALE RD

CITY - ST - ZIP

RYE BROOK NY

TITLE

VP

ADLMAN, MONROE

DELETE

STREET ADDRESS

33 DANTE ST

CITY - ST - ZIP

LARCHMONT NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Change

Addition

2.2 NAME

WOOLARD, ALAN J.

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change

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 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.

SIGNATURE:

Monroe Adlman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 600343-1122
Date: Phone #

CR2E034 (12/95)