


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

FILED
Apr 24 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 # P28418 (2)
 1. Corporation Name
BEACON LEASING CORPORATION



Principal Place of Business % BEQUA CORP 3 UNIVERSITY PLAZA HACKENSACK NJ 07601	Mailing Address % BEQUA CORP 3 UNIVERSITY PLAZA HACKENSACK NJ 07601-6208
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3. Date Incorporated or Qualified 03/07/1990	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 13-3339105	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <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	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUICKE, JOHN J.	
STREET ADDRESS	11 STONY HOLLOW RD	
CITY-ST-ZIP	SLATE HILL NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALAN J WOOLARD	
STREET ADDRESS	120 SO CENTRAL AVE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTTERMAN, GERALD S.	
STREET ADDRESS	27 PONDFIELD PKWY	
CITY-ST-ZIP	MT. VERNON NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRINSLY, STUART Z.	
STREET ADDRESS	1135 GREACEN POINT RD.	
CITY-ST-ZIP	MAMARONCECK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARMON, ELLEN T.	
STREET ADDRESS	16 HILLDALE RD	
CITY-ST-ZIP	RYE BROOK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ADLMAN, MONROE	
STREET ADDRESS	33 DANTE ST	
CITY-ST-ZIP	LARCHMONT NY	

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 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: *Monroe Adlman* **MONROE ADLMAN** 4/2/97 201-343-1123

CR2E034 (9/96)