

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40939 (1)
1. Corporation Name
RESUN LEASING, INCORPORATED



Principal Place of Business Mailing Address
**13100 WORLDGATE DR.
STE. 320
HERNDON VA 22071** **13100 WORLDGATE DR.
STE. 320
HERNDON VA 20170-4382**

3. Date Incorporated or Qualified **10/07/1992** 3a. Date of Last Report **02/06/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 **STE 245** 27 **STE 245**

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

20170 **20170**

4. FEI Number **54-1375284** 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

**CONNOLLY, MICHAEL
4881 NW 69TH STREET
OCALA FL 34475**

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 DELETE

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ROMAN, BARRY A.	
STREET ADDRESS	2504 CLAY STREET	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROMAN, BARRY A.	
STREET ADDRESS	2504 CLAY STREET	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ROMAN, MICHAEL I.	
STREET ADDRESS	1838 FIRST PLACE	
CITY-ST-ZIP	MCLEAN VA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROMAN, MICHAEL I.	
STREET ADDRESS	1838 FIRST PLACE	
CITY-ST-ZIP	MCLEAN VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

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, or as an attachment with an address.

SIGNATURE: *Michael I. Roman* **MICHAEL I. ROMAN** 1/10/97 703-709-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)