

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

FILED
Feb 04 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 # P36754 (0)

1. Corporation Name
NMS LEASING CO.



Principal Place of Business
1515 POYDRAS ST.
SUITE 1500
NEW ORLEANS LA 70112
US

Mailing Address
1515 POYDRAS ST.
SUITE 1500
NEW ORLEANS LA 70112-3781
US

3. Date Incorporated or Qualified
12/18/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
13-5193980

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGSTAFF, D. I	1.2 NAME	
STREET ADDRESS	1515 POYDRAS ST., SUITE 1500	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS FL	1.4 CITY - ST - ZIP	New Orleans LA 70112
TITLE	VPSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENKE, C.J. J	2.2 NAME	
STREET ADDRESS	4099 WILLIAM PENN HIGHWAY, STE. 702	2.3 STREET ADDRESS	
CITY - ST - ZIP	MONROEVILLE PA	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERONA, D.J.	3.2 NAME	
STREET ADDRESS	1515 POYDRAS ST STE. 1500	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	3.4 CITY - ST - ZIP	
TITLE	VPS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVHILL, J.W.	4.2 NAME	
STREET ADDRESS	1515 POYDRAS ST., SUITE 1500	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS FL	4.4 CITY - ST - ZIP	New Orleans LA 70112
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SECRETARY
STREET ADDRESS		5.3 STREET ADDRESS	STEPHEN J. RADATOVICH
CITY - ST - ZIP		5.4 CITY - ST - ZIP	1515 Poydras St, Suite 1500 New Orleans, LA. 70112
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ASSISTANT SECRETARY
STREET ADDRESS		6.3 STREET ADDRESS	JAMES M. FIORENZA
CITY - ST - ZIP		6.4 CITY - ST - ZIP	1515 Poydras St, Suite 1500 New Orleans LA 70112

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 on an attachment with an address.

SIGNATURE: James M. Fiorenza JAMES M. FIORENZA 1/27/97 504-529-8682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)