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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	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WAGSTAFF, D. I	
STREET ADDRESS	1515 POYDRAS ST., SUITE 1500	
CITY-ST-ZIP	NEW ORLEANS FL	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	HENKE, C.J. J	
STREET ADDRESS	4099 WILLIAM PENN HIGHWAY, STE. 702	
CITY-ST-ZIP	MONROEVILLE PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VERONA, D.J.	
STREET ADDRESS	1515 POYDRAS ST STE. 1500	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	MULVHILL, J.W.	
STREET ADDRESS	1515 POYDRAS ST., SUITE 1500	
CITY-ST-ZIP	NEW ORLEANS FL	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	New Orleans LA 70112
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	New Orleans LA 70112
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SECRETARY
5.3 STREET ADDRESS	STEPHEN J. RADATOVICH
5.4 CITY-ST-ZIP	1515 Poydras ST., Suite 1500 New Orleans, LA. 70112
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ASSISTANT SECRETARY
6.3 STREET ADDRESS	JAMES M. FIORENZA
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)