

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

MAY 1 11 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
1905 N.W. CORCORAN BLVD.



DOCUMENT # 206196 (8)

1. Corporation Name
CURRY LEASING CORPORATION

Principal Place of Business Mapping Address

**727 CENTRAL AVE
SCARSDALE NY 10583**

**727 CENTRAL AVE
SCARSDALE NY 10583**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or chartered	3a. Date of Last Report
21		26		09/25/1957	08/12/1994
22 State, Apt. # etc.		27 State, Apt. # etc.		4. FEI Number	Applied For / Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24		25		6. Election Campaign Financing Trust Fund Contribution	
29		30		7. This corporation has liability for intangible tax under 15-119(2)(a) Florida Statutes	

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

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3) 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 607.01(3) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	TSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, B. F. JR.	2. NAME	
STREET ADDRESS	50 INVERNESS RD	3. STREET ADDRESS	
CITY, ST, ZIP	SCARSDALE NY	4. CITY, ST, ZIP	
TITLE	PD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, ORA	6. NAME	
STREET ADDRESS	TORRINGTON ST	7. STREET ADDRESS	
CITY, ST, ZIP	TORRINGTON CT	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119(1)(2)(b) Florida Statutes. I further certify that the information included 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. I am available to discuss the information on this report or to make any corrections required by Chapter 167 Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attached board with an address.

SIGNATURE: *[Signature]* Treasurer 4/27/95 (914) 723-9200
