


FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 544985
1. Corporation Name
WALNUT EQUIPMENT LEASING CO., INC.

(5)

Principal Place of Business
ONE BELMONT AVE.
SUITE 200
BALA CYNWYD PA 19004

Mailing Address
P.O. BOX 1050
BALA CYNWYD PA 19004

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
09/12/1977
4. FEI Number
23-2014448
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent
BLANTON, EDWIN F ESQ
825 THOMASVILLE RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PO SHAPIRO, WILLIAM ONE BELMONT AVE, STE 200 BALA CYNWYD PA
D SHAPIRO, DELJEAN ONE BELMONT AVE, STE 200 BALA CYNWYD PA
DVP SHAPIRO, KENNETH ONE BELMONT AVE, STE 200 BALA CYNWYD PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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: 4/5/98 (410) 668-0700