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PROFIT CORPORATION ANNUAL REPORT

1998

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 544985 (5)

WALNUT EQUIPMENT LEASING CO., INC.

FILED Apr 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address ONE BELMONT AVE. P.O. BOX 1050 BALA CYNWYD PA 19004 DO NOT WRITE IN THIS SPACE BALA CYNWYD PA 19004 3. Date Incorporated or Qualified 09/12/<u>19</u>77 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 23-2014448 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Ζiρ Zip Country 8. This corporation owes or has paid the current year Intengible 25 29 30 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent <u>B1</u> Name BLANTON, EDWIN F ESQ 825 THOMASVILLE RD. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 City Zip Code 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.2 TITLE SHAPIRO, WILLIAM CR2E034 12 NAME NAME ONE BELMONT AVE, STE 200 1.3 STREET ADDRESS STREET ADDRESS **BALA CYNWYD PA** CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SHAPIRO, DELJEAN NAME 2.2 NAME ONE BELMONT AVE, STE 200 STREET ADDRESS 2.3 STREET ADDRESS BALA CYNWYD PA CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE SHAPIRO, KENINETH 3.2 NAME NAME ONE BELMONT AVE. STE 200 STREET ADDRESS 3.3 STREET ADDRESS **BALA CYNWYD PA** 34 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 4.1 TITLE Change 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELFTE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 reports true and accounte and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the conforation for the recover or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or an attachment with an application.

SIGNATURE:

(40) 668-0700