SIGNATURE:

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 \* PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 632560 (9) Corporation Name TOTAL EQUIPMENT LEASING CORPORATION Principal Place of Business Mailing Address P.O. BOX 14633 P.O. BOX 14633 N.PALM BCH. FL 33408 N.PALM BCH. FL 33408 3. Date incorporated or Qualified 3a. Date of Last Report 08/13/1979 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2002237 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 П Trust Fund Contribution Added to Fees Ζφ Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RABBITT, DAVID C. 82 Street Address (P.O. Box Number is Not Acceptable) 100 LEHANE TERRACE #9 NORTH PALM BEACH FL 33408 83 City 84 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 off familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 DOE ☐ Change Addition RABBITT, DAVID C. NAME 1.2 NAME 100 LEHANE TERRACE, #9 STREET ADDRESS 1.3 STREET ADDRESS NORTH PALM BEACH FL CITY-ST-ZIP 1.4 CITY - \$1 - 7IP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - 2IP TITLE DELETE 4 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 THILE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - 7IP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 effective that my name and resource the second statutes is a second statute. 6.4 CITY - ST-ZIP

PESIDENT

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PALL H