FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JAN 30 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 678403 (7)

1. Corporation Name
LEASING TECHNOLOGY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5713 CORPORATE WAY<br>200<br>W PALM BCH FL 33407<br>US | 5713 CORPORATE WAY<br>200<br>W PALM BCH FL 33407<br>US |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: 07/15/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2010247 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| COPELAND, JAMES E.<br>8295 N. MILITARY TRAIL<br>SUITE A<br>PALM BEACH GARDENS 33410 | 81 Name: COPELAND, JAMES E.<br>82 Street Address (P.O. Box Number is Not Acceptable): 8895 N MILITARY TRAIL<br>83 SUITE D-302<br>84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410 |

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~VS~~ | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~ROSEN, DANIEL L~~ | 1.2 NAME | |
| STREET ADDRESS | ~~5713 CORPORATE WAY~~ | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~W PALM BEACH FL~~ | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | GRAHAM, ANTHONY L | 2.2 NAME | |
| STREET ADDRESS | 5713 CORPORATE WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | ~~AV~~ | 3.1 TITLE | V ☐ Change ☑ Addition |
| NAME | ~~ROSEN, ANDREW~~ | 3.2 NAME | LUTZ, CHARLES W |
| STREET ADDRESS | ~~5713 CORPORATE WAY~~ | 3.3 STREET ADDRESS | 5713 CORPORATE WAY |
| CITY-ST-ZIP | ~~W PALM BEACH FL~~ | 3.4 CITY-ST-ZIP | W PALM BEACH FL |
| TITLE | V | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | WHORL, C., TOD | 4.2 NAME | |
| STREET ADDRESS | 2000 PALM BCH LAKES BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | ~~AS~~ | 5.1 TITLE | S ☑ Change ☐ Addition |
| NAME | ~~RAVASIO, NANCY~~ | 5.2 NAME | PROCTOR, NANCY |
| STREET ADDRESS | 5713 CORPORATE WAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BCH FL | 5.4 CITY-ST-ZIP | |
| TITLE | T | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | MAURONER, SUZANN | 6.2 NAME | |
| STREET ADDRESS | 5713 CORPORATE WAY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 6.4 CITY-ST-ZIP | 1/30 |

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 attachment with an address.

SIGNATURE: Anthony L Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0240020 CP