SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:30

DOCUMENT # **816466** **(7)**

1. Corporation Name
NATIONSBANC LEASING CORPORATION

Principal Place of Business	Mailing Address
2300 NORTHLAKE CENTRE DR. SUITE 300 TUCKER GA 30084 US	CORPORATE TAX P.O. BOX 4899 ATLANTA GA 30302-4899

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1962	3a. Date of Last Report: 06/27/1994
4. FEI Number: 56-0684252	☐ 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	

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)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	Director	☒ Change ☐ Addition
NAME	PIERSON, ELMER F.	12 NAME	Elmer F. Pierson	
STREET ADDRESS	2059 NORTH LAKE PRKY	13 STREET ADDRESS	2300 Northlake Centre Dr. Suite 300	
CITY-ST-ZIP	TUCKER GA	14 CITY-ST-ZIP	Tucker, GA 30084	
TITLE	PD	21 TITLE	President/Director	☒ Change ☐ Addition
NAME	KELL, J WILLIAM	22 NAME	F. Bart Smith	
STREET ADDRESS	2059 NORTH LAKE PRKY	23 STREET ADDRESS	600 Peachtree Street	
CITY-ST-ZIP	TUCKER GA	24 CITY-ST-ZIP	Atlanta, GA 30308	
TITLE	V	31 TITLE	Director	☒ Change ☐ Addition
NAME	PAUL N. FRINSE	32 NAME	J. William Kell	
STREET ADDRESS	2059 NORTH LAKE PRKY	33 STREET ADDRESS	2300 Northlake Centre Dr. Suite 300	
CITY-ST-ZIP	TUCKER GA	34 CITY-ST-ZIP	Tucker, GA 30084	
TITLE	S	41 TITLE	Secretary	☒ Change ☐ Addition
NAME	WALLS, GEROGE R.	42 NAME	Mary Ann Lucas	
STREET ADDRESS	NATIONSBANK PLAZA	43 STREET ADDRESS	100 N. Tryon Street	
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP	Charlotte, NC 28255	
TITLE	T	51 TITLE	Treasurer	☒ Change ☐ Addition
NAME	ANTHONY M. HAGEN	52 NAME	Anthony M. Hagen	
STREET ADDRESS	2059 NORTH LAKE PARKWAY	53 STREET ADDRESS	2300 Northlake Centre Dr. Suite 300	
CITY-ST-ZIP	TUCKER GA	54 CITY-ST-ZIP	Tucker, GA 30084	
TITLE	D	61 TITLE	John G. Geist - Director	☒ Change ☐ Addition
NAME	SMITH, F BART	62 NAME		
STREET ADDRESS	35 BROAD STREET	63 STREET ADDRESS	100 N. Tryon Street	
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	Charlotte, NC 28255	

CR2E034 (3/95)

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)(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 on an attachment with an address.

SIGNATURE: _____ Treasurer 6/7/95 404-607-5642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01222300 FP