FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 12 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **816466**

1. Corporation Name
NATIONSBANC LEASING CORPORATION

Principal Place of Business	Mailing Address
401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US	401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US

5/19/99 90018 001 $150.00

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: 10/31/1962
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31	Name		
32	Street Address (P.O. Box Number is Not Acceptable)		
33			
34	City	FL 35	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	P\Dir	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	SMITH, F		12 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		13 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		14 CITY-ST-ZIP		
TITLE	EVP\Dir	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	GEIST, JOHN		22 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		23 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		24 CITY-ST-ZIP		
TITLE	EVP	☑ DELETE	31 TITLE	VP	☑ Change ☑ Addition
NAME	PIERSON, ELMER		32 NAME	DUANE SMITH	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		33 STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC		34 CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP\Dir	☐ DELETE	41 TITLE		☑ Change ☐ Addition
NAME	HAGEN, ANTHONY		42 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		43 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		44 CITY-ST-ZIP		
TITLE	SVP	☑ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, SUSAN MAYS		52 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		53 STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC		54 CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	S	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	LUCAS, MARY-ANN		62 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		63 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		64 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Duane L. Smith **DUANE L. SMITH, VP** **4/23/99** **704-388-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

KE