

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

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 816740 (5)**  
1. Corporation Name  
**THE COMMONWEALTH PLAN, INC.**



Principal Place of Business <b>989 EAST HILLSIDE BLVD 300 FOSTER CITY CA 94404 US</b>	Mailing Address <b>989 EAST HILLSIDE BLVD 300 FOSTER CITY CA 94404 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>03/04/1983</b>	
				4. FEI Number <b>04-2261536</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRATT, ROBERT B.</b>	1.2 NAME	
STREET ADDRESS	<b>989 E. HILLSDALE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FOSTER CITY CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNE, E P</b>	2.2 NAME	
STREET ADDRESS	<b>989 EAST HILLSDALE BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FOSTER CITY CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, ROBERT R.</b>	3.2 NAME	
STREET ADDRESS	<b>989 E. HILLSDALE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FOSTER CITY CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURT A SCHULTZ</b>	4.2 NAME	
STREET ADDRESS	<b>989 EAST HILLSDALE BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FOSTER CITY CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEWALL, WILLIAM D</b>	5.2 NAME	
STREET ADDRESS	<b>989 EAST HILLSDALE BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FOSTER CITY CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**500002539795**  
**-05/28/98--01102--043**  
**\*\*\*150.00**

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.

CR2E034 (10/97)

## OFFICERS AND DIRECTORS

### CITCORP BANKERS LEASING AND SUBSIDIARIES

Elected 7/31/96

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
President, Treasurer & Director	Robert F. Cunningham 011-42-9775	989 E. Hillsdale Blvd. Foster City, CA 94404
Sr. Vice President Assistant Secretary & Director	Edmond P. Browne 567-50-5198	989 E. Hillsdale Blvd. Foster City, CA 94404
Sr. Vice President Services, Asst. Secretary & Director	William D. Sewall 022-36-8003	989 E. Hillsdale Blvd. Foster City, CA 94404
Senior Vice President & Secretary	Curt A. Schultz 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President - Lease Administration	Robert B. Spratt 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President & Director	William Bosco	399 Park Ave., 6th Fl. New York, NY 10043
Vice President & Director	Thomas P. Raabe	450 Mamaroneck Drive Harrison, NY 10528
Vice President	Theresa Brandi	641 Lexington Avenue New York, NY 10043
Assistant Vice President Tax	Brian O'Connor 224-70-0494	989 E. Hillsdale Blvd. Foster City, CA 94404

Includes the following subsidiary companies: CBL Capital Corporation; Bankers Leasing Corporation and its wholly owned subsidiaries (Commonwealth Control, Inc.; The Commonwealth Plan, Inc.; The Commonwealth System, Inc. BLC Corporation; Commetro Leasing, Inc; Financial Leasing Corporation; New England Equipment Finance Corporation; The Pacific Plan, Inc.; and the Worcester Plan, Inc.)