

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90128 022 \*\*\*150.00

**DOCUMENT # 816740**

1. Corporation Name

**THE COMMONWEALTH PLAN, INC.**

Principal Place of Business

**989 EAST HILLSIDE BLVD  
300  
FOSTER CITY CA 94404  
US**

Mailing Address

**989 EAST HILLSIDE BLVD  
300  
FOSTER CITY CA 94404  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/04/1963**

4. FEI Number

**04-2261536**

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

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

City & State

**23**  
Zip Country  
**24** **25**

City & State

**28**  
Zip Country  
**29** **30**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE  
NAME **SPRATT, ROBERT B.**  
STREET ADDRESS **989 E. HILLSDALE BLVD**  
CITY-ST-ZIP **FOSTER CITY CA**

TITLE **VD** ☐ DELETE  
NAME **BROWNE, E P**  
STREET ADDRESS **989 EAST HILLSDALE BLVD**  
CITY-ST-ZIP **FOSTER CITY CA**

TITLE **PTD** ☐ DELETE  
NAME **CUNNINGHAM, ROBERT R.**  
STREET ADDRESS **989 E. HILLSDALE BLVD**  
CITY-ST-ZIP **FOSTER CITY CA**

TITLE **S** ☐ DELETE  
NAME **CURT A SCHULTZ**  
STREET ADDRESS **989 EAST HILLSDALE BLVD**  
CITY-ST-ZIP **FOSTER CITY CA**

TITLE **VD** ☐ DELETE  
NAME **SEWALL, WILLIAM D**  
STREET ADDRESS **989 EAST HILLSDALE BLVD**  
CITY-ST-ZIP **FOSTER CITY CA**

TITLE **AVPT** ☐ DELETE  
NAME **O'CONNOR, BRIAN**  
STREET ADDRESS **989 E. HILLSDALE BOULEVARD**  
CITY-ST-ZIP **FOSTER CITY CA 94404**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **PTD**  
3.3 STREET ADDRESS **SALVATORE J. MACLETTA**  
3.4 CITY-ST-ZIP **450 MAMARONECK DRIVE  
HARRISON, NY 10528**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **VD**  
5.3 STREET ADDRESS **ROBERT A. MEYER**  
5.4 CITY-ST-ZIP **989 EAST HILLSDALE BLVD  
FOSTER CITY, CA 94404**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRIAN O'CONNOR 4/2/99**  
D. -TAY

Date

Daytime Phone #

**650/571-8210**

CR2E034 (1/98)

## OFFICERS AND DIRECTORS

### CITICORP BANKERS LEASING CORPORATION

Elected 4/24/98

816 740  
53220490128:22

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
Sr. Vice President, Asst. Secretary and Director	Edmond P. Browne 567-50-5198	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President and Director	Robert A. Keyes 006-54-6080	989 E. Hillsdale Blvd. Foster City, CA 94404
President and Treasurer	Salvatore J. Maglietta 086-46-3189	450 Mamaroneck Drive Harrison, NY 10528
Vice President and Director	Roger P. Miller 516-56-2168	450 Mamaroneck Drive Harrison, NY 10528
Vice President and Director	Edward S. Mundy 057-36-0734	450 Mamaroneck Drive Harrison, NY 10528
Senior Vice President and Secretary	Curt A. Schultz 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President -- Lease Administration and Asst. Secretary	Robert B. Spratt 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President -- Tax	Brian O'Connor 224-70-0494	989 E. Hillsdale Blvd. Foster City, CA 94404