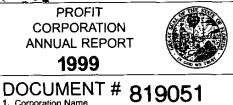
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999

**BLC CORPORATION** 



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 026 \*\*\*150.00

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Principal Place	e of Business	М	lailing Address					( (0018) 18/81 (18/8 19/4 BD/9/ 3//8/	irāi olāli 646	)II <b>(FIU</b> LI)	DIUN <b>3</b> 11	)))		
989 E HILLSIDE BLVD 989 E HILLSIDE BLVD							ĺ							
300			300					DO NOT WRITE IN THIS SPACE						
FOSTER CITY C	CA 94404	FO	STER CITY CA 94404				}	3. Date Incorporated or Qualified						
US		03	•				ĺ	09/28/1965						
2 Principal Pl	lace of Business		. Mailing Address		_		-	4. FEI Number Applied For						
<b>-</b> ¬	lace of business	26	<del>├-</del> ŋ ~					04-2377014			+	Applicable		
Suite, Apt.	# etc	120	Suite, Apt. #, etc.							\$8.		ditional		
22	n, o.c.	27	<del>⊢</del>				ì	5. Certifcate of Status Desired			e Req			
City & State		+	City & State				6. Election Campaign Financing		\$5	.00 N	/lay Be			
23	_	28	<b>⊢</b> '				Trust Fund Contribution Added to Fees							
Zip	Country	1-51	Zip Country				8. This corporation owes the current year Intangible							
24	25	29		30				Personal Property Tax.		Yes		No _		
	9. Name and Address of Current	٠	stered Agent					10. Name and Address of New Reg	gistered A	lgent				
				1	B1	Name								
CT C	CORPORATION SYSTEM				B2	Stroot	Addres	ess (P.O. Box Number is Not Acceptable)						
1200	S. PINE ISLAND ROAD			Į.	-	Sucer	Addida	is (F.O. Box Humber is Not Noophasi.	-,	_	_			
PLAN	NTATION FL 33324			1	83									
				L.	-			- los				Zip Code		
				'	84	City			FL	85	Zip C	oue		
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Flori	da. Such change was au	thanzed :	by i	the corpo	corpor oration	ation submits this statement for the pure 's board of directors. I hereby accept to	rpose of o	changir itment	ng its r as reg	egistered istered		
SIGNATURE								when reinstating)	DATE					
40	Signature, typed or printed name of registered agen OFFICERS AN			Registered A	gen	it signature r	equired v	ADDITIONS/CHANGES TO OFFIC	. –	D DIRI	CTO	RS IN 12		
12.		אום כ	DELETE	1.1 TITL	F		PTI			<b>℃</b> Cha		Addition		
	PTD CUMPINIONAL DODGET		LL 4-4-12	1.2 NAN				watere J. Magliett	74			ĺ		
NAME	CUNNINGHAM, ROBERT			1.3 STREET ADDRESS			u «	450 WANTARCHECK DRIVE						
STREET ADDRESS	989 E. HILLSDALE BLVD			1.4 CIT				MRIJON, NY 1052						
CITY-ST-ZIP	FOSTER CITY CA		☐ DELETE	2.1 TITL		1-ZIP	<u> </u>	<del></del>	<u> </u>	<b>⊠</b> Cha	ange	☐ Addition		
TITLE	VD			2.2 NAN							·	_		
NAME	SEWALL, WILLIAM D.					ADDRESS		BO ED ST HILLSOAUS C	LV2					
STREET ADORESS	989 EAST HILLSDALE BLVD							FOSTER CITY, CA 94404						
CITY-ST-ZIP	FOSTER CITY CA		☐ DELETE	2. 4 CIT 3.1 TITL		T-ZIP	<u> </u>	OSTEIC CLIT, CA TT	( - 1	[] Ch	ange	Addition		
TITLE	VD		□ DECE IE				ļ				J-	_ "		
NAME BROWNE, E P						3.2 NAME 3.3 STREET ADDRESS						!		
STREET ADDRESS 989 EAST HILLSDALE BLVD				ļ.										
CITY-ST-ZIP	FOSTER CITY CA		□ DELETE	3.4. CIT		ST-ZIP	<del> </del>			☐ Ch	ange	Addition		
TITLE	S		☐ DELETE	4.1 TITU						VIII	-1190	ا ۱۱۰۰۰۰۰۰۱۱		
NAME	CURT A SCHULTZ			4.2 NA										
STREET ADDRESS				4.3 STR	REET	F ADDRESS								
CITY-ST-ZIP	FOSTER CITY CA			4.4 CIT		T-ZIP	<del> </del>					E Addition		
TITLE	V		☐ DELETE	5.1 TITL						☐ Ch	ange	☐ Addition		
NAME	SPRATT, ROBERT			5.2 NAM										
STREET ADDRESS				1		TADDRESS								
CITY-ST-ZIP FOSTER CITY CA 94404				5.4 CITY-ST-ZIP			<u> </u>							
TITLE	AVPT		☐ DELETE	6.1 TITL						☐ Ch	ange	Addition		
NAME	O'CONNOR BRIAN			6.2 NAM	ΛE		1							

14. Thereby 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

989 E HILLSIDE BLVD

**FOSTER CITY CA 94404** 

BREM C' Coma 4/2/99

## **OFFICERS AND DIRECTORS**

CITICORP BANKERS LEASING CORPORATION

TION 819051 53220890128.26

Elected 4/24/98

Title	<u>Name</u>	Business Address					
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					