

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **819554** (7)

1. Corporation Name
FORD LEASING DEVELOPMENT COMPANY



Principal Place of Business: **CENTRAL ACCOOUNTING SERVICES PO BOX 6051 DEARBORN MI 48121**
Mailing Address: **CENTRAL ACCOOUNTING SERVICES PO BOX 6051 DEARBORN MI 48121**

3. Date Incorporated or Qualified: **05/04/1966**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **38-1679543**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
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 C/O Ford Motor Company**
22. Suite, Apt. #, etc.: **27 The American Rd. Rm 570 WHQ**
23. City & State: **28 Dearborn, MI 48121**
24. Zip: **29** Country: **30 US**

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 **85 Zip Code** **FL**

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: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE: V | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: MUNRO, C.L. | | 1.2 NAME: Sean McCourt | |
| STREET ADDRESS: ONE PARKLANE BLVD., SUITE 1500-E | | 1.3 STREET ADDRESS: The American Road | |
| CITY-ST-ZIP: DEARBORN MI | | 1.4 CITY-ST-ZIP: Dearborn, MI 48121 | |
| TITLE: CD | <input type="checkbox"/> DELETE | 2.1 TITLE: Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: JACKSON, R.G. | | 2.2 NAME: Elizabeth Acton | |
| STREET ADDRESS: ONE PARTLANE BLVD., SUITE 1500-E | | 2.3 STREET ADDRESS: The American Road | |
| CITY-ST-ZIP: DEARBORN MI | | 2.4 CITY-ST-ZIP: Dearborn, MI 48121 | |
| TITLE: S | <input type="checkbox"/> DELETE | 3.1 TITLE: Asst. Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: MCCARTHY, H.R. | | 3.2 NAME: Paul Swan | |
| STREET ADDRESS: THE AMERICAN ROAD | | 3.3 STREET ADDRESS: The American Rd. | |
| CITY-ST-ZIP: DEARBORN MI | | 3.4 CITY-ST-ZIP: Dearborn, MI 48121 | |
| TITLE: T | <input type="checkbox"/> DELETE | 4.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: STAROSCIAK, T.M. | | 4.2 NAME: _____ | |
| STREET ADDRESS: 6 PARKLAND BLVD., SUITE 300 | | 4.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: DEARBORN MI | | 4.4 CITY-ST-ZIP: _____ | |
| TITLE: PD | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: HURLBERT, J.F. | | 5.2 NAME: _____ | |
| STREET ADDRESS: ONE PARKLAND BLVD., SUITE 1500-E | | 5.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: DEARBORN MI | | 5.4 CITY-ST-ZIP: _____ | |
| TITLE: T | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: MACDONALD, M.S. | | 6.2 NAME: _____ | |
| STREET ADDRESS: THE AMERICAN ROAD | | 6.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: DEARBORN MI | | 6.4 CITY-ST-ZIP: _____ | |

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)(k), 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: *Paul A. Swan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul A. Swan, Asst. Secretary

4-29-96

CR2E034 (12/95)