

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: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27 The American Rd. Rm 570 WHQ**
City & State: **23** City & State: **28 Dearborn, MI 48121**
Zip: **24** Country: **25** 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: **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: _____ Date: _____
Signature of Registered Agent (Required for Change of Registered Agent)

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