


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

FILED

**May 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 C/O FORD MOTOR COMPANY THE AMERICAN RD RM 570 WHO DEARBORN MI 48121 US
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3. Date Incorporated or Qualified 05/04/1966	3a. Date of Last Report 05/01/1996
4. FEI Number 38-1679543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MCCOURT, SEAN	1.2 NAME	
STREET ADDRESS	THE AMERICAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CD JACKSON, R.G.	2.2 NAME	Director
STREET ADDRESS	ONE PARTLANE BLVD., SUITE 1500-E	2.3 STREET ADDRESS	macdonald, malcolm S.
CITY-ST-ZIP	DEARBORN MI	2.4 CITY-ST-ZIP	The American Rd.
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S MCCARTHY, H.R.	3.2 NAME	Secretary
STREET ADDRESS	THE AMERICAN ROAD	3.3 STREET ADDRESS	Ross, Dennis F
CITY-ST-ZIP	DEARBORN MI	3.4 CITY-ST-ZIP	The American Rd.
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T STAROSCIAK, T.M.	4.2 NAME	acton, Elizabeth S.
STREET ADDRESS	6 PARKLAND BLVD., SUITE 300	4.3 STREET ADDRESS	Treasurer
CITY-ST-ZIP	DEARBORN MI	4.4 CITY-ST-ZIP	The American Rd.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T ACTON, ELIZABETH	5.2 NAME	600002201876
STREET ADDRESS	THE AMERICAN ROAD	5.3 STREET ADDRESS	-06/04/97--01093--004
CITY-ST-ZIP	DEARBORN MI	5.4 CITY-ST-ZIP	***990.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SWAN, PAUL	6.2 NAME	List Attached
STREET ADDRESS	THE AMERICAN RD	6.3 STREET ADDRESS	CS
CITY-ST-ZIP	DEARBORN MI	6.4 CITY-ST-ZIP	5/21/97

14. I do 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.

SIGNATURE: *Paul A. Swan* **PAUL A. SWAN** Ass't Secretary **4-23-97**

CP2E034 (9/96)