


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 |
|--|---|---|

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 |
|--|---|

| | |
|--|--|
| 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**

CR2E034 (9/96)