

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 ACCOUNTING 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/04/1966	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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 607.05(2) and 607.15(8), 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCOURT, SEAN	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAC DONALD, MALCOLM	
STREET ADDRESS	THE AMERICAN RD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSS, DENNIS E	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ACTON, ELIZABETH S	
STREET ADDRESS	THE AMERICAN RD	
CITY-ST-ZIP	DEARBORN MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SWAN, PAUL	
STREET ADDRESS	THE AMERICAN RD	
CITY-ST-ZIP	DEARBORN MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	The American Road	
1.4 CITY-ST-ZIP	Dearborn MI 48121	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alex Goldberg	
2.3 STREET ADDRESS	The American Road	
2.4 CITY-ST-ZIP	DEARBORN, MI 48121	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thomas H. Geggie	
3.3 STREET ADDRESS	The American Road	
3.4 CITY-ST-ZIP	DEARBORN, MI 48121	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	J. H. GARDNER	
4.3 STREET ADDRESS	The American Road	
4.4 CITY-ST-ZIP	DEARBORN, MI 48121	
5.1 TITLE	ASSY SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	The American RD	
5.3 STREET ADDRESS	Dearborn, MI 48121	
5.4 CITY-ST-ZIP		
6.1 TITLE	100002494641	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/21/98--01016--034	
6.3 STREET ADDRESS	***300.00	
6.4 CITY-ST-ZIP		

14. I 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
 4/6/98

CR2E034 (10/97)

