


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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 820260 (8) 1. Corporation Name ELCO LEASING CORPORATION			
Principal Place of Business 10251 VISTA SORRENTO PKWY POST OFFICE BOX 8109 SAN DIEGO CA 92121 US		Mailing Address DEPT 8109 280 LONG RIDGE RD. IAMS STAMFORD CT 06927-9621 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ Signature type of printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCO	1.1 TITLE	ASST. TREAS. - TAXES
NAME	NEAL, MICHAEL A.	1.2 NAME	CARY J. Schulman
STREET ADDRESS	280 LONG RIDGE ROAD	1.3 STREET ADDRESS	300 Long Ridge Road
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Stamford CT 06927
TITLE	VPT	2.1 TITLE	
NAME	HYDE, JEFFREY L.	2.2 NAME	
STREET ADDRESS	280 LONG TERM	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	JURKOIC, PAUL M.	3.2 NAME	
STREET ADDRESS	10251 VISTA SORRENTO PKY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	SMITH, GORDON J.	4.2 NAME	
STREET ADDRESS	44 OLD RIDGEBURY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	SHIPLEY, SANDRA L.	5.2 NAME	
STREET ADDRESS	10251 VISTA SORRENTO PKY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	PICKARD, BRIAN E.	6.2 NAME	
STREET ADDRESS	10251 VISTA SORRENTO PKY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1967	
4. FEI Number 13-2510574	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 checked="" type="checkbox"/> No	

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.

CR2E034 (10/97)