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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90016 050 \*\*\*150.00

DOCUMENT # 820260

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  
260 LONG RIDGE RD. IAMS  
STAMFORD CT 06927-9621  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1967

4. FEI Number

13-2510574

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCO ☐ DELETE

NAME NEAL, MICHAEL A.  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT

TITLE VPT ☐ DELETE

NAME HYDE, JEFFREY L  
STREET ADDRESS 260 LONG TERM  
CITY-ST-ZIP STAMFORD CT

TITLE VS ☐ DELETE

NAME JURKOIC, PAUL M.  
STREET ADDRESS 10251 VISTA SORRENTO PKY  
CITY-ST-ZIP SAN DIEGO CA

TITLE DT ☐ DELETE

NAME SMITH, GORDON J.  
STREET ADDRESS 44 OLD RIDGEBURY RD.  
CITY-ST-ZIP DANBURY CT

TITLE AS ☐ DELETE

NAME SHIPPEY, SANDRA L.  
STREET ADDRESS 10251 VISTA SORRENTO PKY  
CITY-ST-ZIP SAN DIEGO CA

TITLE V ☐ DELETE

NAME PICKARD, BRIAN E.  
STREET ADDRESS 10251 VISTA SORRENTO PKY  
CITY-ST-ZIP SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Asst Treas - Tax ☐ Change ☐ Addition

1.2 NAME John Amato  
1.3 STREET ADDRESS 260 Long Ridge Rd  
1.4 CITY-ST-ZIP Stamford CT 06921

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

203-357-4544

Date

Daytime Phone #

CR2E034 (11/98)