

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

|                                               |                                                                                   |                                                                                                            |
|-----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortimer<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

**APPROVED  
AND  
FILED**

95 MAY 25 AM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200001493212

|                                                                                                |
|------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 821691 (3)</b><br>1. Corporation Name<br><b>WESTINGHOUSE LEASING CORPORATION</b> |
|------------------------------------------------------------------------------------------------|

|                                                                                                                       |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>% WESTINGHOUSE CREDIT CORPORATION<br/>ONE OXFORD CENTRE<br/>PITTSBURGH PA 15219</b> | Mailing Address<br><b>% WESTINGHOUSE CREDIT CORPORATION<br/>ONE OXFORD CENTRE<br/>PITTSBURGH PA 15219</b> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite Apt # etc            | 26. Suite Apt # etc |
| 22. City & State               | 27. City & State    |
| 23. ZIP                        | 28. ZIP             |
| 24. Country                    | 29. Country         |
| 25. Country                    | 30. Country         |

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/29/1968</b>                                                                                                      | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>25-1193025</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 196.012, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                                              |  |
| <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE FL 32301</b> |  |

|                                                        |           |
|--------------------------------------------------------|-----------|
| 10. Name and Address of New Registered Agent           |           |
| 81. Name                                               |           |
| 82. Street Address (P.O. Box Number is Not Acceptable) |           |
| 83. City                                               |           |
| 84. State                                              | <b>FL</b> |
| 85. Zip Code                                           |           |

11. Pursuant to the provisions of Sections 607.05(4) and 607.05(5), 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 Sections 607.05(4) and 607.05(5), Florida Statutes.

SIGNATURE: *M. A. Hays* **A. Hays, Asst. Secy.** **5-25-95**

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |                           |
|----------------------------|-------------------|-------------------------------------------------|---------------------------|
| TITLE                      | PD                | TITLE                                           | President - Director      |
| NAME                       | MCENERY, J.F.     | 1. NAME                                         | P. E. Mescher             |
| STREET ADDRESS             | ONE OXFORD CENTRE | 2. STREET ADDRESS                               | 4400 Alafaya Trail        |
| CITY, ST, ZIP              | PITTSBURGH PA     | 3. CITY, ST, ZIP                                | Orlando, FL 32826         |
| TITLE                      | VD                | TITLE                                           | Vice President - Director |
| NAME                       | CONN, B.J.        | 1. NAME                                         | M. D. Friday              |
| STREET ADDRESS             | ONE OXFORD CENTRE | 2. STREET ADDRESS                               | 4400 Alafaya Trail        |
| CITY, ST, ZIP              | PITTSBURGH PA     | 3. CITY, ST, ZIP                                | Orlando, FL 32826         |
| TITLE                      | AS                | TITLE                                           | Secretary                 |
| NAME                       | DANNHAUSER, R.K.  | 1. NAME                                         | C. M. Hays                |
| STREET ADDRESS             | ONE OXFORD CENTRE | 2. STREET ADDRESS                               | 11 Stanwix Street         |
| CITY, ST, ZIP              | PITTSBURGH PA     | 3. CITY, ST, ZIP                                | Pittsburgh, PA 15222      |
| TITLE                      | VFTD              | TITLE                                           | Treasurer                 |
| NAME                       | MEIGHEN, J.W.     | 1. NAME                                         | C. E. Morf                |
| STREET ADDRESS             | ONE OXFORD CENTRE | 2. STREET ADDRESS                               | 11 Stanwix Street         |
| CITY, ST, ZIP              | PITTSBURGH PA     | 3. CITY, ST, ZIP                                | Pittsburgh, PA 15222      |
| TITLE                      | C                 | TITLE                                           | Asst Secretary            |
| NAME                       | DIBELLA, R.J.     | 1. NAME                                         | C. J. Flynn               |
| STREET ADDRESS             | ONE OXFORD CENTRE | 2. STREET ADDRESS                               | 4400 Alafaya Trail        |
| CITY, ST, ZIP              | PITTSBURGH PA     | 3. CITY, ST, ZIP                                | Orlando, FL 32826         |
| TITLE                      | S                 | TITLE                                           | Asst. Secretary           |
| NAME                       | BLASIER, P.C.     | 1. NAME                                         | P. W. Cavanaugh           |
| STREET ADDRESS             | ONE OXFORD CENTRE | 2. STREET ADDRESS                               | 11 Stanwix Street         |
| CITY, ST, ZIP              | PITTSBURGH PA     | 3. CITY, ST, ZIP                                | Pittsburgh, PA 15222      |

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in s. 607.05(4) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force under oath. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or the supplemental report.

SIGNATURE: *C. M. Hays* **C. M. Hays** **Secretary** **412-642-5260**