FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR 21 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 824920 (3)

1. Corporation Name

CONTINENTAL LEASING COMPANY INC.

Principal Place of Business	Mailing Address
175 MIDDLESEX TURNPIKE BEDFORD MASSACHUSETTS 01730	175 MIDDLESEX TURNPIKE BEDFORD MASSACHUSETTS 01730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1970
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 04-2297141 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMES MCCANN
4615 MEADOW LARK LANE
BOYNTON BEACH FL 33436

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCANN, JAMES F. JR.	1.2 NAME	
STREET ADDRESS	1 FARM LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCANN, JAMES F.	2.2 NAME	
STREET ADDRESS	11 BLODGETT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LINNEHAN, JAMES F.	3.2 NAME	
STREET ADDRESS	45 CLARKE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOWELL MA	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	BUNT, JAMES	4.2 NAME	
STREET ADDRESS	2 NATHANIEL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CEBULA, GARY M.	5.2 NAME	
STREET ADDRESS	10 NICOLE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPSTEAD NH	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gary McCebula Controller 3/14/95 (617) 275-0850
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Gary Cebula — Date — Daytime Phone #

0474077 FP