

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 824920 (3)

1. Corporation Name

CONTINENTAL LEASING COMPANY INC.



Principal Place of Business

175 MIDDLESEX TURNPIKE
BEDFORD MASSACHUSETTS 01730

Mailing Address

175 MIDDLESEX TURNPIKE
BEDFORD MASSACHUSETTS 01730

3. Date Incorporated or Qualified
08/11/1970

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

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

10. Name and Address of New Registered Agent

JAMES MCCANN
4615 MEADOW LARK LANE
BOYNTON BEACH FL 33436

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME MCCANN, JAMES F. JR.

STREET ADDRESS 1 FARM LANE

CITY-ST-ZIP SUDBURY MA

1.2 TITLE ☐ DELETE

NAME MCCANN, JAMES F.

STREET ADDRESS 11 BLODGETT ROAD

CITY-ST-ZIP LEXINGTON MA

1.3 TITLE ☐ DELETE

NAME LINNEHAN, JAMES F.

STREET ADDRESS 45 CLARKE ROAD

CITY-ST-ZIP LOWELL MA

1.4 TITLE ☐ DELETE

NAME BUNT, JAMES

STREET ADDRESS 2 NATHANIEL WAY

CITY-ST-ZIP CANTON MA

1.5 TITLE ☐ DELETE

NAME CEBULA, GARY M.

STREET ADDRESS 10 NICOLE CIRCLE

CITY-ST-ZIP HAMPSTEAD NH

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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)(k), 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:

James F. Cebula
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Date

617 533 0208

Daytime Phone #

CR2E034 (12/95)