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

1. Corporation Name

Continental leasing Company INC

Principal Place of Business — Mailing Address

3. Date Incorporated or Qualified: 8/11/1970
3a. Date of Last Report: 3/14/95

2. Principal Place of Business
21 175 MIDDLESEX TURNPIKE
Suite, Apt #, etc
22
City & State
23 BEDFORD, MA
Zip
24 01730
Country
25

2a. Mailing Address
26 SAME
Suite, Apt #, etc
27
City & State
28
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 ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	
D	MCCANN, JAMES F. JR.	1 FARM LANE	SUDBURY, MA	☐ DELETE
C	MCCANN, JAMES F	11 BLODGETT ROAD	LEXINGTON, MA	☐ DELETE
D	LINNEHAN, JAMES F.	45 CLARKE ROAD	LOWELL, MA	☐ DELETE
ST	BUNT, JAMES	2 NATHANIEL WAY	CANTON, MA	☐ DELETE
D	CEBULA, GARY	10 NICOLE CIRCLE	HAMPSTEAD, NH	☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP through 6.1–6.4; ☐ Change ☐ Addition — blank)

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***200.00

3.30

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: [signature] — March 20 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2F034 (12/95)