

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2297141	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JAMES MCCANN 4815 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	
TITLE	D	1.1 TITLE	VP
NAME	MCCANN, JAMES F. JR.	1.2 NAME	James Keady
STREET ADDRESS	1 FARM LANE	1.3 STREET ADDRESS	41 Windchime Drive
CITY-ST-ZIP	SUDBURY MA	1.4 CITY-ST-ZIP	Mansfield, MA 02148
TITLE	C	2.1 TITLE	VP
NAME	MCCANN, JAMES F.	2.2 NAME	Kevin McCann
STREET ADDRESS	11 BLODGETT ROAD	2.3 STREET ADDRESS	One Thistle Lane
CITY-ST-ZIP	LEXINGTON MA	2.4 CITY-ST-ZIP	Westford, MA 01886
TITLE	D	3.1 TITLE	
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	
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	
NAME	HILL, BOB	5.2 NAME	
STREET ADDRESS	18 CONNELL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TYNGSBORO MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:

Bob Hill

4/27/98

781-533-0208

CR2E034 (10/97)