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 APR 26 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 826023 (4)

1. Corporation Name
LEADER LEASING, INC.

Principal Place of Business
158 MADISON AVENUE
P.O. BOX 3271
MEMPHIS TN 38103

Mailing Address
158 MADISON AVENUE
P.O. BOX 3271
MEMPHIS TN 38103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1971
3a. Date of Last Report: 03/29/1994

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: 62-0796137 — 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JOE H., JR	1.2 NAME		
STREET ADDRESS	158	1.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, RON	2.2 NAME		
STREET ADDRESS	158 MADISON AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 00000	2.4 CITY-ST-ZIP		
TITLE	VPTD	3.1 TITLE		☐ Change ☐ Addition
NAME	WADLINGTON, DAVID C.	3.2 NAME		
STREET ADDRESS	158 MADISON AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 00000	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	STALLINGS, CATHERINE	4.2 NAME	Ronald W. Stimpson	
STREET ADDRESS	158 MADISON AVE	4.3 STREET ADDRESS	158 Madison Ave.	
CITY-ST-ZIP	MEMPHIS, TN 00000	4.4 CITY-ST-ZIP	Memphis, TN 38103	
TITLE	DVC	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	STIMPSON, RONALD W.	5.2 NAME	Edgar Bailey	
STREET ADDRESS	158 MADISON AVENUE	5.3 STREET ADDRESS	158 Madison Ave.	
CITY-ST-ZIP	MEMPHIS, TN 00000	5.4 CITY-ST-ZIP	Memphis, TN 38103	
TITLE	DC	6.1 TITLE	Director / Chairman	☐ Change ☒ Addition
NAME	BAILEY, EDGAR	6.2 NAME	Kirk P. Bailey	
STREET ADDRESS	158 MADISON AVE	6.3 STREET ADDRESS	158 Madison Ave	
CITY-ST-ZIP	MEMPHIS, TN 00000	6.4 CITY-ST-ZIP	Memphis, TN 38103	

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: Ronald E. Murphy Vice President 4/14/95 (901) 578-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478002 FP