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 # **826800** **(5)**

1. Corporation Name
CED LEASING COMPANY

Principal Place of Business
555 SKOKIE BLVD #555
NORTHBROOK IL 60062-2845
US

Mailing Address
PO BOX 1287
NORTHBROOK IL 60065-1287
US

3. Date Incorporated or Qualified: 09/24/1971
3a. Date of Last Report: 05/01/1995

4. FEI Number: 95-2495935 — ☐ 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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

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 607.1503, 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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLBURN, RICHARD W		1.2 NAME		
STREET ADDRESS	555 SKOKIE BLVD #555		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		1.4 CITY-ST-ZIP	60062	
TITLE	PT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BILLIE, JOHN		2.2 NAME		
STREET ADDRESS	555 SKOKIE BLVD #555		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		2.4 CITY-ST-ZIP	60062	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LYONS, BERNARD (ASST)		3.2 NAME		
STREET ADDRESS	1516 PONTIUS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		3.4 CITY-ST-ZIP	90025	
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	HANSEN, NANCY E		4.2 NAME	LINDA L. ROEMER	
STREET ADDRESS	555 SKOKIE BLVD #555		4.3 STREET ADDRESS	555 SKOKIE BLVD #555	
CITY-ST-ZIP	NORTHBROOK IL		4.4 CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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)(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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 Date — (847) 480-4690 Daytime Phone #

CR2E034 (12/95)