

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 555 SKOKIE BLVD Suite, Apt. #, etc. 22 #410 City & State 23 NORTHBROOK IL Zip Country 24 60062 25 COOK		2a. Mailing Address 26 PO BOX 1287 Suite, Apt. #, etc. 27 City & State 28 NORTHBROOK IL Zip Country 29 60065-1287 30 COOK		3. Date Incorporated or Qualified 09/24/1971	
				4. FEI Number 95-2495935 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	D COLBURN, RICHARD W 555 SKOKIE BLVD #555 NORTHBROOK IL	1.1 TITLE	VICE-PRES / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PT BILLIE, JOHN 555 SKOKIE BLVD #555 NORTHBROOK IL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD LYONS, BERNARD (ASST) 1516 PONTIUS AVE LOS ANGELES CA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S ROEMER, LINDA L 555 SKOKIE BLVD 555 NORTHBROOK IL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WILLIAM R LEWELLEN JR
STREET ADDRESS		5.3 STREET ADDRESS	555 SKOKIE BLVD #555
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NORTHBROOK IL 60062-2845
TITLE		6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	KEITH W COLBURN
STREET ADDRESS		6.3 STREET ADDRESS	555 SKOKIE BLVD #555
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NORTHBROOK IL 60062-2845

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 on an attachment with an address.

SIGNATURE:



WILLIAM R LEWELLEN, JR

(847) 480-4690

CR2E034 (10/97)