

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **826969 (8)**
1. Corporation Name
ROLLINS LEASING CORP.



Principal Place of Business: **ONE ROLLINS PLAZA, P.O. BOX 1791, WILMINGTON DE 19899**
Mailing Address: **ONE ROLLINS PLAZA, P.O. BOX 1791, WILMINGTON DE 19899**

2. Principal Place of Business: 2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country
25. Country
30. Country

3. Date Incorporated or Qualified: **11/02/1971**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **23-1736091**
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
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(3), 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 607.09(3), Florida Statutes.

SIGNATURE: _____ (Print Name of Agent) _____ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS

11a. NAME	P BROWN, I LARRY	<input type="checkbox"/> DELETE
11b. STREET ADDRESS	ONE ROLLINS PLAZA	
11c. CITY, ST, ZIP	WILMINGTON DE	
11d. TITLE	S	<input type="checkbox"/> DELETE
11e. NAME	PETT, J CARLISLE III	
11f. STREET ADDRESS	ONE ROLLINS PLAZA	
11g. CITY, ST, ZIP	WILMINGTON DE	
11h. TITLE	VP	<input type="checkbox"/> DELETE
11i. NAME	MINNER, FRANK	
11j. STREET ADDRESS	ONE ROLLINS PLAZA	
11k. CITY, ST, ZIP	WILMINGTON DE	
11l. TITLE	D	<input type="checkbox"/> DELETE
11m. NAME	BURR, DAVID F.	
11n. STREET ADDRESS	ONE ROLLINS PLAZA	
11o. CITY, ST, ZIP	WILMINGTON DE	
11p. TITLE		<input type="checkbox"/> DELETE
11q. NAME		
11r. STREET ADDRESS		
11s. CITY, ST, ZIP		<input type="checkbox"/> DELETE
11t. NAME		
11u. STREET ADDRESS		
11v. CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. STREET ADDRESS		
13c. CITY, ST, ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13d. TITLE	PEET, J. CARLISLE III.	
13e. NAME	VP., CONTROLLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13f. STREET ADDRESS	MCCAGHAN, JAMES W.	
13g. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13h. TITLE		
13i. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. STREET ADDRESS		
13k. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13l. TITLE		
13m. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. STREET ADDRESS		
13o. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this report is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *James W. McCaghan* 1/17/96 302-426-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES W. MCCAGHAN, VP/CONTROLLER

CR2E034 (12/95)