

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829044 (7)

1. Corporation Name

S AND A LEASING CORP

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 PM 12:42

Principal Place of Business 12404 PARK CENTRAL DR. C/O TAX DEPT. DALLAS TX 75251	Mailing Address P.O. BOX 223018 C/O TAX DEPT. DALLAS TX 75222-4018 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 11/22/1972	3a. Date of Last Report 04/28/1994
4. FEI Number 75-1361847	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$0.75 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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	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 reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BENEDETTO, GERARD S.
STREET ADDRESS	5917 ROYAL PALM
CITY-ST-ZIP	PLANO TX
TITLE	SVP
NAME	HARIG, ROBERT J.
STREET ADDRESS	4305 ADDINGTON PLACE
CITY-ST-ZIP	FLOWER MOUND TX
TITLE	VSTD
NAME	MCCARTHY, JAMES W.
STREET ADDRESS	2813 MILLINGTON
CITY-ST-ZIP	PLANO TX 75093
TITLE	S
NAME	CARPENTER, CAROLYN
STREET ADDRESS	2009 WHIPPOORWILL
CITY-ST-ZIP	CARROLLTON TX 75006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	\$ DIRECTOR ☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	\$ DIRECTOR ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	ASSISTANT SECRETARY ☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: *Carolyn Carpenter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN CARPENTER
ASSISTANT SECRETARY 01-16-95

214-404-5013