

**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 # **829524** (8)

1. Corporation Name  
**UNITED STATES FLEET LEASING, INC.**



Principal Place of Business: **2988 CAMPUS DR SAN MATEO CA 94403 US**  
Mailing Address: **733 FRONT ST. MS 220 SAN FRANCISCO CA 94111 US**

3. Date Incorporated or Qualified: **02/15/1973**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **94-1579328**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 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, 82, 83, 84, 85

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RAY L</b>	12. NAME	
STREET ADDRESS	<b>40 SUGARHILL DR</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>HILLSBOROUGH CA</b>	14. CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEZEY, PETER</b>	22. NAME	<b>HENRY LERNER</b>
STREET ADDRESS	<b>3382 CLAY ST</b>	23. STREET ADDRESS	<b>22 Tamalpais Road</b>
CITY - ST - ZIP	<b>SAN FRANCISCO CA</b>	24. CITY - ST - ZIP	<b>Berkeley, CA 94708</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASHDOWN, KATHERINE</b>	32. NAME	
STREET ADDRESS	<b>110 MORNING SUN</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>MILL VALLEY CA</b>	34. CITY - ST - ZIP	
TITLE	<b>AVP</b> <input checked="" type="checkbox"/> DELETE	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORT, RONALD J</b>	42. NAME	<b>AS LLOYD MASUKAWA</b>
STREET ADDRESS	<b>709 OAKDALE AVE</b>	43. STREET ADDRESS	<b>1131 Discovery Way</b>
CITY - ST - ZIP	<b>CORTE MADERA CA</b>	44. CITY - ST - ZIP	<b>Concord, CA 94521</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RAY L</b>	52. NAME	
STREET ADDRESS	<b>709 OAKDALE AVE</b>	53. STREET ADDRESS	
CITY - ST - ZIP	<b>CORTE MADERA CA</b>	54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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: *Lloyd Masukawa* 4/23/96 (415) 627-9438  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Lloyd Masukawa, Asst. Secretary**

CR2E034 (12/95)