SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **831084** **(9)**

1. Corporation Name
NATIONSBANC LEASING CORPORATION OF NORTH CAROLIN A

Principal Place of Business	Mailing Address
2059 NORTHLAKE PARKWAY TUCKER GA 30084 US	2059 NORTHLAND PARKWAY TUCKER GA 30084 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/04/1973
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21 2300 Northlake Centre Dr
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Tucker, GA
Zip 24 30084-4007 Country 25 U.S.

2a. Mailing Address
26 P.O. Box 4899
Suite, Apt. #, etc.
27 Corporate Tax Dept.
City & State
28 Atlanta, GA
Zip 29 30302-4899 Country 30 U.S.

4. FEI Number: 56-1047851 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	HAGEN, ANTHONY M	1.2 NAME	Anthony M. Hagen
STREET ADDRESS	2059 NORTHLAKE PARKWAY	1.3 STREET ADDRESS	2300 Northlake Centre Dr. Suite 300
CITY-ST-ZIP	TUCKER GA	1.4 CITY-ST-ZIP	Tucker, GA 30084
TITLE	S	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	WALLS, GEORGE R	2.2 NAME	Mary Ann Lucas
STREET ADDRESS	NATIONSBANK PLAZA	2.3 STREET ADDRESS	100 N. Tryon Street
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	Charlotte, NC 28255
TITLE	D	3.1 TITLE	Director ☒ Change ☐ Addition
NAME	KELL, J. W	3.2 NAME	J. William Kell
STREET ADDRESS	2059 NORTHLAKE PARKWAY	3.3 STREET ADDRESS	2300 Northlake Centre Dr Suite 300
CITY-ST-ZIP	TUCKER GA	3.4 CITY-ST-ZIP	Tucker, GA 30084
TITLE	P	4.1 TITLE	President/Director ☒ Change ☐ Addition
NAME	SMITH, F. B	4.2 NAME	F. Bart Smith
STREET ADDRESS	600 PEACHTREE STREET	4.3 STREET ADDRESS	600 Peachtree Street
CITY-ST-ZIP	ATALANTA GA	4.4 CITY-ST-ZIP	Atlanta, GA 30308
TITLE	SVP	5.1 TITLE	Director ☒ Change ☐ Addition
NAME	FRIHSE, PAUL N	5.2 NAME	Elmer F. Pierson
STREET ADDRESS	2059 NORTHLAKE PARKWAY	5.3 STREET ADDRESS	2300 Northlake Centre Dr. Suite 300
CITY-ST-ZIP	TUCKER GA	5.4 CITY-ST-ZIP	Tucker, GA 30084
TITLE	D	6.1 TITLE	Director ☒ Change ☐ Addition
NAME	MONTGOMERY, L. G	6.2 NAME	John G. Geist
STREET ADDRESS	2059 NORTHLAKE PARKWAY	6.3 STREET ADDRESS	100 N. Tryon Street
CITY-ST-ZIP	TUCKER GA	6.4 CITY-ST-ZIP	Charlotte, NC 28255

CR2E034 (3/95)

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)(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: _____ Treasurer 6/7/95 404-607-5642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178214 FP