

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90126 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831772
 1. Corporation Name
CHASE EQUIPMENT LEASING, INC.

Principal Place of Business ONE CHASE SQUARE ROCHESTER NY 14643 US	Mailing Address 270 PARK AVENUE, 35TH FLOOR ROBERT C. CARROLL NEW YORK NY 10017 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 02/05/1974	
4. FEI Number 16-0902786	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	PERKOWSKI, EDWARD J	
STREET ADDRESS	ONE CHASE SQUARE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRITTON, WILLIAM N	
STREET ADDRESS	633 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTELLA, GREGORY A	
STREET ADDRESS	270 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	P	<input type="checkbox"/> DELETE
NAME	UNCHESTER, JOHN	
STREET ADDRESS	633 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FICCA, THOMAS	
STREET ADDRESS	36 E MIDLAND AVE 2ND FL	
CITY-ST-ZIP	PARAMUS NJ 07652	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PARMELEE, MICHAEL	
STREET ADDRESS	633 THIRD AVE 7TH FL	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ROCHESTER NY 14643
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	600 FIFTH AVE
2.4 CITY-ST-ZIP	NEW YORK NY 10020
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	ONE CHASE PLAZA
3.4 CITY-ST-ZIP	NEW YORK NY 10081
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	UNCHESTER, JOHN F.
4.3 STREET ADDRESS	600 FIFTH AVE
4.4 CITY-ST-ZIP	NEW YORK NY 10020
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	600 FIFTH AVE
6.4 CITY-ST-ZIP	NEW YORK NY 10020

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Margaret E. Gabely **SIGNATURE REQUIRED** 4/20/99 716-258-5814
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

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12/13. Continued: Chase Equipment Leasing, Inc. Officers and Directors

7.1	TITLE	D
7.2	NAME	LAYTON, DONALD H.
7.3	STREET ADDRESS	270 PARK AVENUE
7.4	CITY-ST-ZIP	NEW YORK, NY 10017
8.1	TITLE	D
8.2	NAME	LOURENSO, FRANK
8.3	STREET ADDRESS	270 PARK AVENUE
8.4	CITY-ST-ZIP	NEW YORK, NY 10017
9.1	TITLE	D
9.2	NAME	NELSON, EDWARD
9.3	STREET ADDRESS	270 PARK AVENUE
9.4	CITY-ST-ZIP	NEW YORK, NY 10017
10.1	TITLE	CHIEF CREDIT OFFICER & AS
10.2	NAME	SINGER, HERBERT J.
10.3	STREET ADDRESS	600 FIFTH AVENUE
10.4	CITY-ST-ZIP	NEW YORK, NY 10020
11.1	TITLE	VP & COUNSEL
11.2	NAME	BRIGHAM, THOMAS B., JR.
11.3	STREET ADDRESS	ONE CHASE SQUARE
11.4	CITY-ST-ZIP	ROCHESTER, NY 14643
12.1	TITLE	VP
12.2	NAME	GERICS, GREGORY
12.3	STREET ADDRESS	999 BROAD STREET
12.4	CITY-ST-ZIP	BRIDGEPORT, CT 06604
13.1	TITLE	VP
13.2	NAME	KENNINGTON, CRAIG
13.3	STREET ADDRESS	2200 ROSS AVENUE
13.4	CITY-ST-ZIP	DALLAS, TX 75201
14.1	TITLE	VP
14.2	NAME	MASAITIS, RAYMOND P.
14.3	STREET ADDRESS	1985 MARCUS AVENUE
14.4	CITY-ST-ZIP	NEW HYDE PARK, NY 10042
15.1	TITLE	VP
15.2	NAME	MOSS, MICHAEL
15.3	STREET ADDRESS	12 CORPORATE WOODS BLVD.
15.4	CITY-ST-ZIP	ALBANY, NY 12211
16.1	TITLE	VP
16.2	NAME	MURRAY, ROBERT F.
16.3	STREET ADDRESS	ONE CHASE SQUARE
16.4	CITY-ST-ZIP	ROCHESTER, NY 14643
17.1	TITLE	VP
17.2	NAME	O'HERN MICHAEL
17.3	STREET ADDRESS	ONE CHASE SQUARE
17.4	CITY-ST-ZIP	ROCHESTER, NY 14643

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18.1	TITLE	VP & CONTROLLER
18.2	NAME	PULLEN, ELDRED B.
18.3	STREET ADDRESS	ONE CHASE SQUARE
18.4	CITY-ST-ZIP	ROCHESTER, NY 14643
19.1	TITLE	VP
19.2	NAME	STEFFAN, ROBERT C.
19.3	STREET ADDRESS	ONE CHASE SQUARE
19.4	CITY-ST-ZIP	ROCHESTER, NY 14643
20.1	TITLE	VP - CREDIT MANAGER
20.2	NAME	TULSYAN, ASHOK
20.3	STREET ADDRESS	600 FIFTH AVENUE
20.4	CITY-ST-ZIP	NEW YORK, NY 10020
21.1	TITLE	AVP
21.2	NAME	BAKOS, ROBERT
21.3	STREET ADDRESS	600 FIFTH AVENUE
21.4	CITY-ST-ZIP	NEW YORK, NY 10020
22.1	TITLE	AVP
22.2	NAME	BURNHAM, SCOTT T.
22.3	STREET ADDRESS	ONE CHASE SQUARE
22.4	CITY-ST-ZIP	ROCHESTER, NY 14643
23.1	TITLE	AVP
23.2	NAME	HRICAY, JOHN W.
23.3	STREET ADDRESS	600 FIFTH AVENUE
23.4	CITY-ST-ZIP	NEW YORK, NY 10020
24.1	TITLE	AVP
24.2	NAME	QUINLISK, DANIEL J.
24.3	STREET ADDRESS	ONE CHASE SQUARE
24.4	CITY-ST-ZIP	ROCHESTER, NY 14643
25.1	TITLE	AVP
25.2	NAME	SCHAWILLIE, JANICE M.
25.3	STREET ADDRESS	ONE CHASE SQUARE
25.4	CITY-ST-ZIP	ROCHESTER, NY 14643
26.1	TITLE	S
26.2	NAME	CARROLL, ROBERT C.
26.3	STREET ADDRESS	270 PARK AVENUE
26.4	CITY-ST-ZIP	NEW YORK, NY 10017
27.1	TITLE	AS
27.2	NAME	CONNORS, DENISE G.
27.3	STREET ADDRESS	270 PARK AVENUE
27.4	CITY-ST-ZIP	NEW YORK, NY 10017
28.1	TITLE	AS
28.2	NAME	GARRITY, MARGARET E.
28.3	STREET ADDRESS	ONE CHASE SQUARE
28.4	CITY-ST-ZIP	ROCHESTER, NY 14643

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29.1	TITLE	AS
29.2	NAME	HORAN, ANTHONY J.
29.3	STREET ADDRESS	270 PARK AVENUE
29.4	CITY-ST-ZIP	NEW YORK, NY 10017
30.1	TITLE	AT
30.2	NAME	CHAMPAGNE, PATRICIA A.
30.3	STREET ADDRESS	ONE CHASE SQUARE
30.4	CITY-ST-ZIP	ROCHESTER, NY 14643
31.1	TITLE	AVP
31.2	NAME	PALMER, RONALD S.
31.3	STREET ADDRESS	ONE CHASE SQUARE
31.4	CITY-ST-ZIP	ROCHESTER, NY 14643
32.1	TITLE	ASSISTANT MANAGER
32.2	NAME	GUIDARELLI, JAMES
32.3	STREET ADDRESS	ONE CHASE SQUARE
32.4	CITY-ST-ZIP	ROCHESTER, NY 14643
33.1	TITLE	ASSISTANT MANAGER
33.2	NAME	WALSH, THOMAS
33.3	STREET ADDRESS	ONE CHASE SQUARE
33.4	CITY-ST-ZIP	ROCHESTER, NY 14643