FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 832733 (0)

1. Corporation Name
FIRST CHICAGO LEASING CORPORATION

Principal Place of Business	Mailing Address
ONE FIRST NATIONAL PLAZA CHICAGO IL 60670	ONE FIRST NATIONAL PLAZA CHICAGO IL 60670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1974
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 36-2711709 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AV	11 TITLE		☐ Change ☐ Addition
NAME	OLESKYN, ROBERT B.	12 NAME		
STREET ADDRESS	4516 N. ROSLYN RD.	13 STREET ADDRESS		
CITY ST ZIP	DOWNERS GROVE IL	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	KUSACK, WILLIAM P.	22 NAME		
STREET ADDRESS	511 N ELMORE	23 STREET ADDRESS		
CITY ST ZIP	PARKRIDGE IL	24 CITY ST ZIP		
TITLE	PC	31 TITLE	PC	☒ Change ☐ Addition
NAME	BAINE, J. STEPHEN	32 NAME	Geoffrey L. Stringer	
STREET ADDRESS	575 LINCOLN AVE	33 STREET ADDRESS	155 Church Rd.	
CITY ST ZIP	GLENCOVE IL	34 CITY ST ZIP	Winnetka, IL 60093	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	BERRY, ILONA M	42 NAME		
STREET ADDRESS	4801 GRAND AVE	43 STREET ADDRESS		
CITY ST ZIP	WESTERN SPRINGS IL	44 CITY ST ZIP		
TITLE	T	51 TITLE	Assistant Treasurer	☐ Change ☒ Addition
NAME	ROBERTS, WILLIAM	52 NAME	James E. Donovan	
STREET ADDRESS	1055 WESTMOOR DR	53 STREET ADDRESS	701 N. Florence Dr.	
CITY ST ZIP	WINNETKA IL	54 CITY ST ZIP	Park Ridge, IL 60068	
TITLE	VP	61 TITLE		☐ Change ☐ Addition
NAME	HEINE, MICHAEL D.	62 NAME		
STREET ADDRESS	637 SELBORNE	63 STREET ADDRESS		
CITY ST ZIP	RIVERSIDE IL	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)(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: James E Donovan 4-26-95 (312) 407-8257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES E. DONOVAN

0477394 FP