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

FILED
1995 JUL 27 AM 10:18
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TALLA…SEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 834798 (1)

1. Corporation Name
CITIZENS FIDELITY LEASING CORPORATION

Principal Place of Business
539 4TH AVE., STE. 201
LOUISVILLE KY 40202

Mailing Address
539 4TH AVE., STE. 201
LOUISVILLE KY 40202

2. Principal Place of Business: 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address: 26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

3. Date Incorporated or Qualified: 08/05/1975

3a. Date of Last Report: 04/05/1994

4. FEI Number: 61-0865966 ☐ 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	ZISKIND, MARTHA
STREET ADDRESS	2311 DOUGLAS BLVD.
CITY-ST-ZIP	LOUISVILLE KY
TITLE	P
NAME	STIRGWOLT, TED
STREET ADDRESS	8714 ETON RD
CITY-ST-ZIP	LOUISVILLE KY
TITLE	D
NAME	HARRELD, MIKE
STREET ADDRESS	1314 NAVAJO
CITY-ST-ZIP	LOUISVILLE, KY 00000
TITLE	T
NAME	BUSH, MARY R
STREET ADDRESS	750 ZORN AVE
CITY-ST-ZIP	LOUISVILLE KY
TITLE	AT
NAME	CROWLEY, CHARLES
STREET ADDRESS	507 BENT BROOK
CITY-ST-ZIP	NEW ALBANY IN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	AT	☒ Change ☐ Addition
52 NAME	HUNT, CONNIE	
53 STREET ADDRESS	2101 CLARK STATION RD	
54 CITY-ST-ZIP	FISHERVILLE KY 40023	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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: Connie Hunt — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-95 Date — Daytime Phone #

0476100 FP