

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 834798 (1)

1. Corporation Name

PNC LEASING CORP., KENTUCKY



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

21 330 Buttrick Green

Suite, Apt. #, etc.

22 #301

City & State

23 Louisville, Ky

Zip Country

24 40202-0067

2a. Mailing Address

26 Corporate Tax Dept

Suite, Apt. #, etc.

27

City & State

28 Louisville, Ky

Zip Country

29 40296

30

3. Date Incorporated or Qualified

08/05/1975

3a. Date of Last Report

07/27/1995

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 ☐ DELETE
NAME ZISKIND, MARTHA
STREET ADDRESS 2311 DOUGLAS BLVD.
CITY-STATE-ZIP LOUISVILLE KY

TITLE P ☐ DELETE
NAME STIRGWOLT, TED
STREET ADDRESS 8714 ETON RD
CITY-STATE-ZIP LOUISVILLE KY

TITLE D ☐ DELETE
NAME HARRELD, MIKE
STREET ADDRESS 1314 NAVAJO
CITY-STATE-ZIP LOUISVILLE, KY 00000

TITLE T ☐ DELETE
NAME BUSH, MARY R
STREET ADDRESS 750 ZORN AVE
CITY-STATE-ZIP LOUISVILLE KY

TITLE AT ☐ DELETE
NAME HUNT, CONNIE
STREET ADDRESS 2101 CLARK STATION RD
CITY-STATE-ZIP FISHERVILLE KY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: Dawn Doolay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn Doolay

4-19-96

(502) 581-2606

CR2E034 (12/95)

06-724-96