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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **835746** **(9)**

1. Corporation Name
NORLEASE, INC.

Principal Place of Business	Mailing Address
%CORPORATE TAX M-11 50 SOUTH LASALLE STREET CHICAGO IL 60675 US	~~%CORPORATE TAX M-11~~ ~~CORPORATE TAX- M-11- 50 S. LASALLE ST.~~ CHICAGO IL 60675 US

3. Date Incorporated or Qualified: 02/04/1976
3a. Date of Last Report: 03/26/1996

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

2a. Mailing Address
26 50 South LaSalle Street
27 Suite, Apt. #, etc. c/o Peggy Walsh, M-9
28 City & State
29 Zip 30 Country

4. FEI Number: 36-2748768 ☐ 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAPE, J. JAY		1.2 NAME		
STREET ADDRESS	50 SOUTH LASALLE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, DAVID L.		2.2 NAME		
STREET ADDRESS	50 SOUTH LASALLE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JANOVSKY, BRUCE C		3.2 NAME		
STREET ADDRESS	50 S. LASALLE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, ERIC G.		4.2 NAME		
STREET ADDRESS	50 S. LA SALLE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	~~VP~~	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	~~FLORES, GILBERT A~~		5.2 NAME	Glenn P. Davis	
STREET ADDRESS	~~50 S. LASALLE STREET~~		5.3 STREET ADDRESS	50 South LaSalle Street	
CITY-ST-ZIP	~~CHICAGO IL~~		5.4 CITY-ST-ZIP	Chicago, IL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAFFERTY, J. SCOTT		6.2 NAME		
STREET ADDRESS	50 SOUTH LAFFERTY ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4/17/97 (312) 630-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0527843