

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

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Apr 18 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 # 839414 (0)
1. Corporation Name
AT&T CAPITAL SERVICES CORPORATION



Principal Place of Business
2555 TELEGRAPH RD
3RD FL
BLOOMFIELD HILLS MI 48302
US

Mailing Address
2555 TELEGRAPH RD
3RD FL
BLOOMFIELD HILLS MI 48302-0854
US

3. Date Incorporated or Qualified
11/01/1977

3a. Date of Last Report
04/19/1996

4. FEI Number
94-2244104

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

2. Principal Place of Business
21 44 WHIPPANY RD
Suite, Apt. #, etc.
22 TAX DEPT.
City & State
23 MORRISTOWN NJ
Zip
24 07962 25 USA

2a. Mailing Address
26 44 WHIPPANY RD
Suite, Apt. #, etc.
27 TAX DEPT.
City & State
28 MORRISTOWN NJ
Zip
29 07962 30 USA

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNEY, EDWARD	1.2 NAME	
STREET ADDRESS	2555 TELEGRAPH RD 3RD FLOOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD HILLS MI	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, EDWARD M.	2.2 NAME	
STREET ADDRESS	44 WHIPPANY RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MORRISTOWN NJ	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, GEORGE	3.2 NAME	
STREET ADDRESS	44 WHIPPANY ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MORRISTOWN NJ	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, CHARLES S., JR	4.2 NAME	
STREET ADDRESS	44 WHIPPANY RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MORRISTOWN NJ	4.4 CITY - ST - ZIP	
TITLE	CFO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCHANSKI, KENNETH	5.2 NAME	
STREET ADDRESS	2555 TELEGRAPH RD 3RD FLOOR	5.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD HILLS MI	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESELINK, ANN P.	6.2 NAME	
STREET ADDRESS	44 WHIPPANY RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MORRISTOWN NJ	6.4 CITY - ST - ZIP	

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. Changed, or in an attachment with an address.

SIGNATURE: *[Signature]* 4-10-97 201-397-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #