

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90004 004 ***150.00

DOCUMENT # 842461

1. Corporation Name
PRIME LEASING, INC.



Principal Place of Business
O'HARE INTERNATIONAL CENTER
10275 WEST HIGGINS ROAD
ROSEMONT IL 60018-3890

Mailing Address
O'HARE INTERNATIONAL CENTER
10275 WEST HIGGINS ROAD
ROSEMONT IL 60018-3890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1979

4. FEI Number
36-2935812

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORP. SYSTEM, INC.
110 NORTH MAGNOLIA ST.
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME FRIEDMAN, JAMES A.
STREET ADDRESS 700 ARBOR DR.
CITY-ST-ZIP LAKE BLUFF IL

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

TITLE V ☒ DELETE
NAME DINIELLI, PHILIP M
STREET ADDRESS 910 N KENNICOTT DR
CITY-ST-ZIP ARLINGTON HEIGHTS IL

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME VERN E. LANDECK
2.3 STREET ADDRESS 10275 W. HIGGINS RD
2.4 CITY-ST-ZIP ROSEMONT, IL 60018

TITLE AS ☐ DELETE
NAME JACKSON, SUZANNE M
STREET ADDRESS 1614 W LEXINGTON DR
CITY-ST-ZIP ARLINGTON HG

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

TITLE S ☒ DELETE
NAME JEFFREY OLSON
STREET ADDRESS 869 CARRAGE WAY APT. #2
CITY-ST-ZIP ELGIN IL 60120

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME JAMES A. FRIEDMAN
5.3 STREET ADDRESS 10275 W. HIGGINS RD
5.4 CITY-ST-ZIP ROSEMONT, IL 60018

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME JOHN W. ALTERGOTT
6.3 STREET ADDRESS 10275 W. HIGGINS RD
6.4 CITY-ST-ZIP ROSEMONT, IL 60018

14. I 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, with all other like empowered.

SIGNATURE:

Suzanne Jackson - As Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

Date

847/294-6000

Daytime Phone #

CR2E034 (11/98)