

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

05 MAY 1995 10:27

DOCUMENT # 842924
1. Corporation Name
Full Service Leasing Corp.

Principal Place of Business Mailing Address
**GE CAPITAL CORPORATION
P.O. BOX 9552
FT. MYERS, FL 33906-9552**
Attn: Shannon Williams

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **4/02/79** 3a. Date of Last Report **3/07/94**
4. FEI Number **06-0973758** 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. 199.037 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **260 Long Ridge Rd.** 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 **P.O. Box 8109** 27
City & State City & State
23 **Stamford, CT** 28
Zip Country Zip Country
24 **06927** 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CT Corporation System
1200 South Pine Island Rd.
Plantation, Fl. 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **000001488110**
05/16/95-01014-005
B4 City *****400.FL ***200.00**

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 the date applicable (NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	O
NAME	John J. Walker
STREET ADDRESS	1600 Summer St.
CITY-ST-ZIP	Stamford, CT 06927
TITLE	P
NAME	Charles W. Nicholson
STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	Stamford, CT 06927
TITLE	S.
NAME	Wendy S. Ormond
STREET ADDRESS	1600 Summer St
CITY-ST-ZIP	Stamford, CT 06927
TITLE	V
NAME	Dominic A. Fiore
STREET ADDRESS	777 Long Ridge Rd.
CITY-ST-ZIP	Stamford, CT 06927
TITLE	V/T
NAME	Jeffrey S. Werner
STREET ADDRESS	777 Long Ridge Rd.
CITY-ST-ZIP	Stamford, CT 06927
TITLE	A/T
NAME	Oscar Garza
STREET ADDRESS	4211 Metro Parkway
CITY-ST-ZIP	FL 33916, FL 33916

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	See Separate Schedule
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	See Separate Schedule
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	See Separate Schedule
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	See Separate Schedule
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	See Separate Schedule
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	See Separate Schedule
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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **OSCAR GARZA** **ASSISTANT TREASURER** **4/27/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ASSISTANT TREASURER (Date-time Figure 4)

842924 016

FULL SERVICE LEASING CORPORATION
Federal ID# 08 - 0873768

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
John J. Walker	Director & Chairman	1600 Summer Street, Stamford, CT 06927
Charles W. Nicholson	President	260 Long Ridge Road, Stamford, CT 06927
Edward J. Santoro	Vice President & Comptroller	777 Long Ridge Road, Stamford, CT 06927
John M. Greeley	Vice President - Finance	1600 Summer Street, Stamford, CT 06927
Jaffray S. Warner	Vice President & Treasurer	777 Long Ridge Road, Stamford, CT 06927
Robert L. Lewis	Vice President	1600 Summer Street, Stamford, CT 06927
Norman C. Liu	Vice President	260 Long Ridge Road, Stamford, CT 06927
Burton J. Kloster	Vice President	1600 Summer Street, Stamford, CT 06927
Robert O. O'Reilly	Vice President	1600 Summer Street, Stamford, CT 06927
William D. Strittmatter	Vice President	1600 Summer Street, Stamford, CT 06927
Charles R. Frank	Vice President	1600 Summer Street, Stamford, CT 06927
Edward S. Christie	Vice President	1600 Summer Street, Stamford, CT 06927
Wendy S. Ormond	Secretary	1600 Summer Street, Stamford, CT 06927
William R. Leyden	Assistant Secretary	1600 Summer Street, Stamford, CT 06927
Nancy S. Berson	Assistant Secretary	1600 Summer Street, Stamford, CT 06927
Arthur A. Cohen	Assistant Secretary	1600 Summer Street, Stamford, CT 06927
Michael A. Meehan	Assistant Secretary	260 Long Ridge Road, Stamford, CT 06927
William H. Brennan	Vice President	777 Long Ridge Road, Stamford, CT 06927
Dominic A. Fiore	Vice President	777 Long Ridge Road, Stamford, CT 06927
Peter J. Nicosia	Assistant Treasurer - State Taxes	777 Long Ridge Road, Stamford, CT 06927
Kim Heindl	Assistant Treasurer - State Taxes	4211 Metro Parkway, Ft. Myers, FL 33916
Oscar Garza	Assistant Treasurer - State Taxes	4211 Metro Parkway, Ft. Myers, FL 33916