

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842924 (3)

1. Corporation Name
FULL SERVICE LEASING CORP.



Principal Place of Business 260 LONG RIDGE ROAD PO BOX 8109 STAMFORD CT 06927	Mailing Address 260 LONG RIDGE ROAD PO BOX 8109 STAMFORD CT 06927
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 04/02/1979	
4. FEI Number 06-0973758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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	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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, JOHN J	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NICHOLSON, CHARLES W.	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ORMOND, WENDY S.	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HYDE, JEFFREY L	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WERNER, JEFFREY	
STREET ADDRESS	777 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	GARZA, OSCAR	
STREET ADDRESS	4211 METRO PARKWAY	
CITY-ST-ZIP	FT. MYERS FL 33916	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

SEE ATTACHED

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.

CR2E034 (10/97)

For Year: 1998

4/29/98

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Full Service Leasing Corporation
080973758

Name	Title	Business Address
John J. Bobber	Director	120 Long Ridge Road - 3rd Floor Stamford 06927 US
John Amato	Assistant Treasurer - State Taxes	777 Long Ridge Road Stamford CT 06927
Nancy S. Berson	Assistant Secretary	260 Long Ridge Road Stamford CT 06927
Joseph T. Cassidy	Vice President - Taxes	777 Long Ridge Road Stamford CT 06927
Arthur A. Cohen	Assistant Secretary	260 Long Ridge Road Stamford CT 06927
Helen M. David	Attesting Secretary	1600 Summer Street Stamford CT 06927
Thomas F. Fanelli	Vice President	44 Old Ridgebury Road Danbury CT 06810
Molly S. Fergusson	Vice President	1600 Summer Street Stamford CT 06905
Donna Fiammetta	Assistant Treasurer - State Taxes	777 Long Ridge Stamford, Ct 06902
Samuel O. Gray	Assistant Secretary	1004-6 Three Exchange Square Central Hong Kong
Jeffrey L. Hyde	Vice President - Taxes	777 Long Ridge Road Stamford CT 06927
Kenneth E. Kampson	Assistant Treasurer - Taxes	777 Long Ridge Rd. Stamford CT 06927
Patricia M. Lecouras	Assistant Treasurer - State Taxes	777 Long Ridge Road Stamford CT 06927
Robert L. Lewis	President	1600 Summer Street Stamford CT 06927
Raymond W. Leyden, Jr.	Assistant Secretary	1600 Summer Street Stamford CT 06905
Kathleen L. Mathews	Attesting Secretary	1600 Summer Street Stamford CT 06927
Harsha Murthy	Assistant Secretary	260 Long Ridge Road Stamford CT 06927
Wendy E. Ormond	Secretary	1600 Summer Street Stamford CT 06905
Anne Pace	Vice President	1600 Summer Street Stamford CT 06927
Gary J. Schulman	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927
Rick B. Silva	Chief Financial Officer	Three Capital Drive Eden Prairie MN 55344
Rick B. Silva	Treasurer	Three Capital Drive Eden Prairie MN 55344
Rick B. Silva	Vice President - Finance	Three Capital Drive Eden Prairie MN 55344
John K. Stewart	Vice President	1600 Summer Street Stamford CT 06927
William D. Srittmatter	Vice President	1600 Summer Street Stamford CT 06927
J. Alex Urquhart	Vice President	1600 Summer Street Stamford CT 06927

For Year: 1998

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Full Service Leasing Corporation
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Name	Title	Business Address
Judith M. Van Cleave	Assistant Treasurer - State Taxes	4315 Metro Parkway Ft. Myers FL 33916
Jane L. Wexton	Assistant Secretary	1600 Sumner Street Stamford CT 06927