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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90016 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **842924**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1979

4. FEI Number

06-0973758

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 D DELETE
 NAME WALKER, JOHN J
 STREET ADDRESS 1600 SUMMER STREET
 CITY-ST-ZIP STAMFORD CT 06927

1.1 TITLE Asst Treas - Tax Change Addition
 1.2 NAME John Amato
 1.3 STREET ADDRESS 260 Long Ridge Rd
 1.4 CITY-ST-ZIP Stamford Ct 06927

TITLE P DELETE
 NAME NICHOLSON, CHARLES W.
 STREET ADDRESS 260 LONG RIDGE RD
 CITY-ST-ZIP STAMFORD CT 06927

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE S DELETE
 NAME ORMOND, WENDY S.
 STREET ADDRESS 1600 SUMMER STREET
 CITY-ST-ZIP STAMFORD CT 06927

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

TITLE VP DELETE
 NAME HYDE, JEFFREY L
 STREET ADDRESS 260 LONG RIDGE RD.
 CITY-ST-ZIP STAMFORD CT

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

TITLE VT DELETE
 NAME WERNER, JEFFREY
 STREET ADDRESS 777 LONG RIDGE RD
 CITY-ST-ZIP STAMFORD CT 06927

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE AT DELETE
 NAME GARZA, OSCAR
 STREET ADDRESS 4211 METRO PARKWAY
 CITY-ST-ZIP FT. MYERS FL 33916

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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.

203-357-4544

SIGNATURE:

Signature Required
 JOHN AMATO 4.28.99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)