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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # XTRA LEASE, INC. Mailing Address Principal Place of Business 1801 PARK 270 DR. 1801 PARK 270 DR. STE 400 STE 400 ST. LOUIS MO 63146 ST. LOUIS MO 63146 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 10/18/1979 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 22-1863406 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zio Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD 83 **PLANTATION FL 33324** 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. VICE PRES, - FINANCE Change DELETE 1 1 TO F TITLE BRIAN J. DORFMAN STE 400 JOYCE, CHRISTOPHER P 1.2 NAME NAME **60 STATE STREET** 1.3 STREET ADDRESS STREET ADDRESS ST. LOUIS, MO 63146 VICE PRES - CREDIT **BOSTON MA** 1.4 CiTY-ST-ZIP CITY-ST-ZIP Change DELETE 2 1 THILE TOTLE JOHN BUNILIO SOJA, MICHAEL J. 2.2 NAME NAME 1801 PARK 200 DR., 5/E 400 60 STATE ST. 2.3 STREET ADORESS STREET ADDRESS 57, LOUIS, MO 63146 **BOSTON MA** 2.4 CITY - ST - Z(P CITY-ST-ZIP Change SD DELETE 3.111111 VICE PRES - MARKETING TITLE KATHY O'LEARY 1801 PARK 200 DRI, Ste 400 LAJOIE, JAMES R. 3.2 NAME NAME 60 STATE ST. 3.3 STREET ADDRESS STREET ADDRESS ST. LOUIS, MO 63146 VICE PRES - OPERATIONS STEVE ZABOROWSKI **BOSTON MA** 3.4 CITY-ST-ZIP CITY-ST-ZIP Change **X** Addition DELETE 4. 1 TILLE TITLE MEERS, ROGER L. 4.2 NAME NAME 60 STATE ST. 1801 PARK 270 DR, STE 400 4.3 STREET ADDRESS STREET ADDRESS BOSTON, MA OD109 ST. LOUIS MO 4.4 C/1Y-ST-Z/P CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE HAMEL, PHILLIP A. 5.2 NAME NAME 1801 PARK 270 DR, STE 400 5.3 STREET ADDRESS STREET ADDRESS ST. LOUIS MO 5.4 CITY- ST- ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE FRANZ, WILLIAM NAME 1801 PARK 270 DRIVE / STE - 400 6.3 STREET ADDRESS STREEL ADDRESS ST LOUID MO 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

ROGER L. MEERS

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