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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **844388** **(9)**

1. Corporation Name
XTRA LEASE, INC.

Principal Place of Business	Mailing Address
1801 PARK 270 DR. STE 400 ST. LOUIS MO 63146 US	1801 PARK 270 DR. STE 400 ST. LOUIS MO 63146-4037 US

2. Principal Place of Business	2a. Mailing Address
21	26 60 State Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 11th floor
City & State 23	City & State 28 Boston MA
Zip 24 / Country 25	Zip 29 02109 / Country 30 USA

3. Date Incorporated or Qualified: **10/18/1979**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **22-1863406** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	Vice President Audit	☐ Change ☑ Addition
NAME	JOYCE, CHRISTOPHER P		1.2 NAME	John Tomilio	
STREET ADDRESS	60 STATE STREET		1.3 STREET ADDRESS	1801 Park 270 Dr Suite 400	
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP	St Louis MO 63146	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President Marketing	☐ Change ☑ Addition
NAME	SOJA, MICHAEL J.		2.2 NAME	Kathy O'Leary	
STREET ADDRESS	60 STATE ST.		2.3 STREET ADDRESS	1801 Park 270 Dr, Suite 400	
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP	St Louis MO 63146	
TITLE	SD	☐ DELETE	3.1 TITLE	Vice President Operations	☐ Change ☐ Addition
NAME	LAJOIE, JAMES R.		3.2 NAME	Steve Zaborowski	
STREET ADDRESS	60 STATE ST.		3.3 STREET ADDRESS	60 State Street	
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP	Boston MA 02109	
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEERS, ROGER L.		4.2 NAME		
STREET ADDRESS	1801 PARK 270 DR, STE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO		4.4 CITY-ST-ZIP		
TITLE	VPF	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DORFMAN, BRIAN J		5.2 NAME		
STREET ADDRESS	1801 PARK 270 DR., STE 400		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FRANZ, WILLIAM		6.2 NAME		
STREET ADDRESS	1801 PARK 270 DRIVE / STE - 400		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUID MO		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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

SIGNATURE _____ NP and Treasurer Abalos 04-30-1997