

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 21 1998 8:00am  
Secretary of State

DOCUMENT # **844388** (9)  
1. Corporation Name  
**XTRA LEASE, INC.**



Principal Place of Business

1801 PARK 270 DR.  
STE 400  
ST. LOUIS MO 63146  
US

Mailing Address

60 STATE ST  
11 FL  
BOSTON MA 02109  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/18/1979

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature (Typed in pencil of name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |     |                                 |                                 |
|-----------------|-----|---------------------------------|---------------------------------|
| TITLE           | T   | JOYCE, CHRISTOPHER P            | <input type="checkbox"/> DELETE |
| NAME            |     | 60 STATE STREET                 |                                 |
| STREET ADDRESS  |     | BOSTON MA                       |                                 |
| CITY - ST - ZIP |     |                                 |                                 |
| TITLE           | D   | SOJA, MICHAEL J.                | <input type="checkbox"/> DELETE |
| NAME            |     | 60 STATE ST.                    |                                 |
| STREET ADDRESS  |     | BOSTON MA                       |                                 |
| CITY - ST - ZIP |     |                                 |                                 |
| TITLE           | SD  | LAJOIE, JAMES R.                | <input type="checkbox"/> DELETE |
| NAME            |     | 60 STATE ST.                    |                                 |
| STREET ADDRESS  |     | BOSTON MA                       |                                 |
| CITY - ST - ZIP |     |                                 |                                 |
| TITLE           | C   | MEERS, ROGER L.                 | <input type="checkbox"/> DELETE |
| NAME            |     | 1801 PARK 270 DR, STE 400       |                                 |
| STREET ADDRESS  |     | ST. LOUIS MO                    |                                 |
| CITY - ST - ZIP |     |                                 |                                 |
| TITLE           | VPE | DORFMAN, BRIAN J                | <input type="checkbox"/> DELETE |
| NAME            |     | 1801 PARK 270 DR., STE 400      |                                 |
| STREET ADDRESS  |     | ST LOUIS MO                     |                                 |
| CITY - ST - ZIP |     |                                 |                                 |
| TITLE           | P   | FRANZ, WILLIAM                  | <input type="checkbox"/> DELETE |
| NAME            |     | 1801 PARK 270 DRIVE / STE - 400 |                                 |
| STREET ADDRESS  |     | ST LOUIS MO                     |                                 |
| CITY - ST - ZIP |     |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

Please see attached  
list for additions/changes

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 name has 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 as an attachment with an address.

**MICHAEL J. SOJA**  
VICE PRESIDENT &  
CHIEF FINANCIAL OFFICER

W 12 98

CR2E034 (10/97)

**1997 OFFICERS AND DIRECTORS**

**COMPANY AND STATE OF  
INCORPORATION**

XTRA LEASE, INC.  
(Delaware)  
(formerly known as Strick Lease, Inc.)

**DIRECTORS**

Lewis Rubin, Chairman  
Michael J. Soja  
James R. Lajoie

**OFFICERS**

William H. Franz, President  
Michael J. Soja, Vice President and  
Chief Financial Officer  
James R. Lajoie, Vice President, General Counsel  
and Secretary  
Jeffrey R. Blum, Vice President, Human Resources  
Brian Dorfman, Vice President - Finance  
and Administration  
Trish Hartwig, Controller  
Christopher P. Joyce, Vice President and Treasurer  
Thomas A. Giacchetto, Assistant Secretary

**Mailing Address:**  
60 State St. Suite 1100  
Boston, MA 02109