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PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 844388

1. Corporation Name
XTRA LEASE, INC.

Principal Place of Business	Mailing Address
1801 PARK 270 DR. STE 400 ST. LOUIS MO 63146 US	60 STATE ST 11 FL BOSTON MA 02109 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/18/1979

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

4. FEI Number: 22-1863406 — Applied For ☐ Not Applicable ☐

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. 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 _____ 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	☐ Change ☐ Addition
NAME	JOYCE, CHRISTOPHER P	1.2 NAME	
STREET ADDRESS	60 STATE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	VP, S ☐ Change ☑ Addition
NAME	SOJA, MICHAEL J.	2.2 NAME	Thomas A. Giacchetto
STREET ADDRESS	60 STATE ST.	2.3 STREET ADDRESS	60 State St. - Suite 1100
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	Boston, MA 02109
TITLE	SD ☑ DELETE	3.1 TITLE	VP Controller ☐ Change ☑ Addition
NAME	LAJOIE, JAMES R.	3.2 NAME	Robert Blakely
STREET ADDRESS	60 STATE ST.	3.3 STREET ADDRESS	60 State Street
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	Boston, MA 02119
TITLE	C ☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARTWIG, TRISHA	4.2 NAME	
STREET ADDRESS	60 STATE ST. SUITE 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	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 (11/98)

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.

SIGNATURE: [illegible] REQUIRED — 3/30/99 — 617-367-500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #