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FILED
May 05 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 # 851889

(6)

1. Corporation Name
CBL CAPITAL CORPORATION

Principal Place of Business

Mailing Address

889 E HILLSIDE BLVD
300
FOSTER CITY CA 94404
US

889 E HILLSIDE BLVD
300
FOSTER CITY CA 94404
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/18/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

94-2328477

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

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SILVER, WILLIAM R	
STREET ADDRESS	450 MAMARONECK DRIVE	
CITY-ST-ZIP	HARRISON NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	UYEDA, KEN T	
STREET ADDRESS	989 EAST HILLSDALE BLVD	
CITY-ST-ZIP	FOSTER CITY CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWNE, EDMOND P	
STREET ADDRESS	989 EAST HILLSDALE BLVD	
CITY-ST-ZIP	FOSTER CITY CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEWALL, WILLIAM D.	
STREET ADDRESS	989 EAST HILLSDALE BLVD	
CITY-ST-ZIP	FOSTER CITY CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CURT A. SCHULTZ	
STREET ADDRESS	989 EAST HILLSDALE BLVD	
CITY-ST-ZIP	FOSTER CITY CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERT F. CUNNINGHAM	
STREET ADDRESS	989 EAST HILLSDALE BLVD	
CITY-ST-ZIP	FOSTER CITY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT F. CUNNINGHAM	
1.3 STREET ADDRESS	989 EAST HILLSDALE BLVD	
1.4 CITY-ST-ZIP	FOSTER CITY, CA 94404	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROBERT B. SPRATT	
6.3 STREET ADDRESS	989 EAST HILLSDALE BLVD	
6.4 CITY-ST-ZIP	FOSTER CITY, CA 94404	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BROWN O'CONNOR 4/17/97 415/571-8210
JUST V.P. - TAD
Date Daytime Phone #
0528284

CR2E034 (9/96)

OFFICERS AND DIRECTORS

CITICORP BANKERS LEASING AND SUBSIDIARIES

Elected 7/31/96

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
President, Treasurer & Director	Robert F. Cunningham 011-42-9775	989 E. Hillsdale Blvd. Foster City, CA 94404
Sr. Vice President Assistant Secretary & Director	Edmond P. Browne 567-50-5198	989 E. Hillsdale Blvd. Foster City, CA 94404
Sr. Vice President Services, Asst. Secretary & Director	William D. Sewall 022-36-8003	989 E. Hillsdale Blvd. Foster City, CA 94404
Senior Vice President & Secretary	Curt A. Schultz 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President - Lease Administration	Robert B. Spratt 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President & Director	William Bosco	399 Park Ave., 6th Fl. New York, NY 10043
Vice President & Director	Thomas P. Raabe	450 Mamaroneck Drive Harrison, NY 10528
Vice President	Theresa Brandt	641 Lexington Avenue New York, NY 10043
Assistant Vice President Tax	Brian O'Connor 224-70-0494	989 E. Hillsdale Blvd. Foster City, CA 94404

Includes the following subsidiary companies: CBL Capital Corporation; Bankers Leasing Corporation and its wholly owned subsidiaries (Commonwealth Control, Inc.; The Commonwealth Plan, Inc.; The Commonwealth System, Inc. BLC Corporation; Commetro Leasing, Inc; Financial Leasing Corporation; New England Equipment Finance Corporation; The Pacific Plan, Inc.; and the Worcester Plan, Inc.)