

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 851889

1. Corporation Name

CBL CAPITAL CORPORATION

Principal Place of Business

989 E HILLSIDE BLVD  
300  
FOSTER CITY CA 94404  
US

Mailing Address

989 E HILLSIDE BLVD  
300  
FOSTER CITY CA 94404  
US

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1982

4. FEI Number

94-2328477

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME CUNNINGHAM, ROBERT E.  
STREET ADDRESS 989 E. HILLSDALE BLVD  
CITY-ST-ZIP POSTEN CITY CA ☐ DELETE

TITLE VD  
NAME BROWNE, EDMOND P  
STREET ADDRESS 989 EAST HILLSDALE BLVD  
CITY-ST-ZIP FOSTER CITY CA ☐ DELETE

TITLE VD  
NAME SEWALL, WILLIAM D.  
STREET ADDRESS 989 EAST HILLSDALE BLVD  
CITY-ST-ZIP FOSTER CITY CA ☐ DELETE

TITLE S  
NAME CURT A. SCHULTZ  
STREET ADDRESS 989 EAST HILLSDALE BLVD  
CITY-ST-ZIP FOSTER CITY CA ☐ DELETE

TITLE V  
NAME SPRATT, ROBERT B.  
STREET ADDRESS 989 E. HILLSDALE BLVD  
CITY-ST-ZIP FOSTER CITY CA ☐ DELETE

TITLE AVPT  
NAME O'CONNOR, BRIAN  
STREET ADDRESS 989 E. HILLSDALE BOULEVARD  
CITY-ST-ZIP FOSTER CITY CA 94404 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME SALVATORE J. MACIETTA  
1.3 STREET ADDRESS 450 MAMARONECK DRIVE  
1.4 CITY-ST-ZIP HARRISON, NY 10528

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition  
3.2 NAME ROBERT A. MEYER  
3.3 STREET ADDRESS 989 EAST HILLSDALE BLVD  
3.4 CITY-ST-ZIP FOSTER CITY, CA 94404

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian O'Connor

Date

4/2/99

Daytime Phone #

650/571-8210

V.P. - TAX

CR2E034 (1/98)

UD44003

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90128 027 \*\*\*150.00



## OFFICERS AND DIRECTORS

### CITICORP BANKERS LEASING CORPORATION

Elected 4/24/98

851889  
53220990/28.27

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
Sr. Vice President, Asst. Secretary and Director	Edmond P. Browne 567-50-5198	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President and Director	Robert A. Keyes 006-54-6080	989 E. Hillsdale Blvd. Foster City, CA 94404
President and Treasurer	Salvatore J. Maglietta 086-46-3189	450 Mamaroneck Drive Harrison, NY 10528
Vice President and Director	Roger P. Miller 516-56-2168	450 Mamaroneck Drive Harrison, NY 10528
Vice President and Director	Edward S. Mundy 057-36-0734	450 Mamaroneck Drive Harrison, NY 10528
Senior Vice President and Secretary	Curt A. Schultz 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President -- Lease Administration and Asst. Secretary	Robert B. Spratt 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President -- Tax	Brian O'Connor 224-70-0494	989 E. Hillsdale Blvd. Foster City, CA 94404