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Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90055 003 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 852986

1. Corporation Name

EAB LEASING CORP.

Principal Place of Business

6 COMMERCE DRIVE  
READING PA 19607-9704

Mailing Address

6 COMMERCE DRIVE  
READING PA 19607-9704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1982

4. FEI Number

23-1720013

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

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

24 25

29 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO ☐ DELETE  
NAME HABERBERGER, A.A.  
STREET ADDRESS 3 RICK ROAD  
CITY-ST-ZIP READING PA 19607

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ASO ☐ DELETE  
NAME HABERBERGER, A.A.  
STREET ADDRESS 3 RICK ROAD  
CITY-ST-ZIP READING PA 19607

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

TITLE PCMO ☐ DELETE  
NAME FAINO, VINCENT A  
STREET ADDRESS 2145 KRIEBEL ROAD  
CITY-ST-ZIP LANSDALE PA 19446

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SSV ☐ DELETE  
NAME HABERBERGER, JOANNE  
STREET ADDRESS 3 RICK ROAD  
CITY-ST-ZIP READING PA 19607

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

TITLE SVP ☐ DELETE  
NAME ORDWAY, ROBERT  
STREET ADDRESS 15 VALLEY DRIVE  
CITY-ST-ZIP BIRDSBORO PA 19508

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

TITLE VPAS ☐ DELETE  
NAME ENGELHARDT, BRIAN C ESQ.  
STREET ADDRESS 13 HARRY AVENUE  
CITY-ST-ZIP SHILLINGTON PA 19607

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

Date

Daytime Phone #

CR2E034 (1/98)