

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 854806 (7)

1. Corporation Name

SCIENTIFIC LEASING INC.



Principal Place of Business

303 E. WACKER DRIVE
CHICAGO IL 60601

Mailing Address

303 E. WACKER DRIVE
CHICAGO IL 60601

3. Date Incorporated or Qualified

11/30/1982

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 303 E. Wacker Drive

26 303 E. Wacker Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1000

27 Suite 1000

City & State

City & State

23 Chicago, IL

28 Chicago, IL

Zip

Country

Zip

Country

24 60601

25

29 60601

30

4. FEI Number

06-0850149

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
ZIMMERMAN, MARTIN E.
STREET ADDRESS
2856 SHERIDAN PLACE
CITY-ST-ZIP
EVANSTON IL

1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
EVD
PALLES, ALLEN P.
STREET ADDRESS
58 FAIRVIEW
CITY-ST-ZIP
DEERFIELD IL

2. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
AS
REDDEL, BONNIE L.
STREET ADDRESS
25 IRONWOOD CT.
CITY-ST-ZIP
FRANKFORT IL

3. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
P
LAING, R. E.
STREET ADDRESS
1385 N GREENBAY ROAD
CITY-ST-ZIP
LAKE FOREST IL

4. TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
T
METRO, JOSEPH R.
STREET ADDRESS
303 E. WACKER DR., #1000
CITY-ST-ZIP
CHICAGO IL

5. TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
SVPS
FROBERG, JOHN W.
STREET ADDRESS
303 E. WACKER DR., #1000
CITY-ST-ZIP
CHICAGO IL

6. TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

3/14/96

(312) 946-1000
Daytime Phone #

CR2E034 (12/95)