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FILED

Feb 11 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 # 854806

(7)

1. Corporation Name  
SCIENTIFIC LEASING INC.



Principal Place of Business

303 E. WACKER DRIVE  
SUITE 1000  
CHICAGO IL 60601  
US

Mailing Address

303 E. WACKER DRIVE  
SUITE 1000  
CHICAGO IL 60601-5212  
US

3. Date Incorporated or Qualified  
11/30/1982

3a. Date of Last Report  
03/19/1996

4. FEI Number

06-0850149

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

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 ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
T SAVICKAS, LESLIE M.  
STREET ADDRESS  
14 E FIFTH STREET  
CITY- ST- ZIP  
HINSDALE IL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

(312) 946-1000

Date

Daytime Phone #

CR2E034 (9/96)