FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999
1. Name of Limited Partnership
ALLIEDSIGNAL LEASING

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED 99 FEB 16 PH 1:3

		1a. DOCUMENT # B9600000362		SECKETAS EN COMPONIO DE COMPON	
ALLIEDSIGNAL LEASING	G COMPANY L.P.		I TENNE NEW RENA ENTE	80% 88% 58% 58% 88% 84% 19% 58% 58% 58% 58%	
Mailing Address C/O ALLIEDSIGNAL INC. 101 COLUMBIA ROAD MORRISTOWN NJ 07962	Principal Office Address 101 COLUMBIA ROAD MORRISTOWN NJ 07962		3. Date Formed or Registered 09/19/1996 3a. Date of Lest Report 12/26/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record \$1,412,309.00 5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		(o gale	
Suite, Apt. #, etc. City & State	Suite, Apt #, etc. City & State			Applied For Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Addre C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RO	as of Current Registered Agent	Name Street Address (P.O	10. If changed, new Registered.		
PLANTATION FL 33324		1000027812717 Suite, Apr. #, etc -02/19/9901098009 City ****526.25			
PLANTATION FL 33324			~02/19	1/9901098009	
10a. Pursuant to the provisions of sections for the purpose of changing its registe egent. I am familiar with, and accept signature (Registered Agent Accepting App	620.1051 and 620.192, Florida Statutes, the above-name red office or registered agent, or both, in the State of Florithe obligations of section 620.192, Florida Statutes ointment) R THAT IS A CORPORATION, MUST BE REGISTERED AN	City Initial partnership or dida Such change was a	- [] 2 / 1 [****] parized or registered under the laws of the uthorized by its general partner(s). I hereby DATE	1/33 - 01 038 - 003 FL 26 25 25 25 25 Stale of Fiorida, submits this statement by accept the appointment of registered	
10a. Pursuant to the provisions of sections for the purpose of changing its registe agent. I am familiar with, and accept SIGNATURE (Registered Agent Accepting App A GENERAL PARTNER	ored office or registered agent, or both, in the Stale of Flori the obligations of section 620 192, Florida Statutes contributed in the Corporation,	City ad limited partnership orgida Such change was a LIMITED PAI ID ACTIVE W	- [] 2 / 1 [****] panized or registered under the laws of the ulthorized by its general parlner(s) I hereb DATE RTNERSHIP OR OTHE ITH THIS OFFICE.	1/33 - 01 038 - 003 FL 26 25 25 25 25 Stale of Fiorida, submits this statement by accept the appointment of registered	
10a. Pursuant to the provisions of sections for the purpose of changing its registe agent. I am familiar with, and accept SIGNATURE (Registered Agent Accepting App A GENERAL PARTNER	ored office or registered agent, or both, in the Stale of Flori the obligations of section 620 192, Florida Statutes contributed in the section of the secti	City ad limited partnership or ida Such change was a LIMITED PAI ID ACTIVE W Partner 11b	- [] 2 / 1 [****] panized or registered under the laws of the ulthorized by its general parlner(s) I hereb DATE RTNERSHIP OR OTHE ITH THIS OFFICE.	FL 25 25 25 25 25 25 25 25 25 25 25 25 25	
10a. Pursuant to the provisions of sections for the purpose of changing its registe agent. I am familiar with, and accept SIGNATURE (Registered Agent Accepting App A GENERAL PARTNER Name(s) of General Partner(s)	ored office or registered agent, or both, in the Stale of Flori the obligations of section 620 192, Florida Statutes ointment) R THAT IS A CORPORATION, MUST BE REGISTERD AN 11a. (Do NOT Use Post Office Bo	City ad limited partnership or ida Such change was a LIMITED PAI ID ACTIVE W Partner 11b	- [] 2 / 1 [****] panized or registered under the laws of the ulthorized by its general pariner(s). I heret DATE RTNERSHIP OR OTHE ITH THIS OFFICE. City, State & Zip Code	FL Stale of Fiorida, submits this statement by accept the appointment of registered Registration/ Document Number	

12. 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 Trelease the Division of Corporations from any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under path. I further certify that I am a General Partner of the imited partnership, receiver or trustee empowered to

SIGNATURE

DATE 2//2/99

Typed or Printed Name of General Partner Signing Form Paul H. Brownstein, AVP-Taxes Daytime Telephone Number 973-455-4037
Inc. General Partner