SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT-DUE ON OR BEFORE 8/18/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994** 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000614 (9)

1. Corporation Name
PACIFIC ATLANTIC SYSTEMS LEASING, INC.

700001478077
****400.00 ****200.00
DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Place of Business
11811 NORTH TATUM BLVD., SUITE 2000 PHOENIX AZ 85028-1601	11811 NORTH TATUM BLVD., SUITE 2000 PHOENIX AZ 85028-1601

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 12/10/1992	3a. Date of Last Report: XXXXXXXXX
4. FEI Number: 86-0717994	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21 21051 WARNER CENTER LANE	26 21051 WARNER CENTER LANE
Suite, Apt. #, etc: 22 C/O EL CAMINO RESOURCES, LTD	Suite, Apt. #, etc: 27 C/O EL CAMINO RESOURCES, LTD
City & State: 23 WOODLAND HILLS, CA	City & State: 28 WOODLAND HILLS, CA
Zip: 24 91367 Country: 25 USA	Zip: 29 91367 Country: 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

900001428079
900001478079
05/08/95
/95--01013--005
****400.00 ****200.00

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

500001478079
****400.00 ****200.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE

	12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P	11 TITLE	D/C/P
12 NAME	SWANKY OLIE E	12 NAME	HARMON, DAVID E.
13 STREET ADDRESS	11811 N. TATUM BLVD., SUITE 2000	13 STREET ADDRESS	24670 CORDILLERA DRIVE
14 CITY ST ZIP	PHOENIX AZ 85028-1601	14 CITY ST ZIP	CALABASAS, CA 91302
21 TITLE	V	21 TITLE	D/V
22 NAME	HOOKER JAMES H	22 NAME	WOLFF, DAVID A.
23 STREET ADDRESS	1801 ROBERT FULTON DRIVE, THIRD FLOOR	23 STREET ADDRESS	1455 MONACO DRIVE
24 CITY ST ZIP	RESTON VA 22091-4347	24 CITY ST ZIP	PACIFIC PALISADES, CA
31 TITLE	V	31 TITLE	V/D
32 NAME	RYAN THOMAS S	32 NAME	KLEINMAN, MELVIN
33 STREET ADDRESS	11811 N. TATUM BLVD., SUITE 2000	33 STREET ADDRESS	4104 PULIDO COURT
34 CITY ST ZIP	PHOENIX AZ 85028-1601	34 CITY ST ZIP	CALABASAS, CA
41 TITLE	V	41 TITLE	S
42 NAME	STRASBERG JEFFREY	42 NAME	LOCKWOOD, MICHAEL P.
43 STREET ADDRESS	1801 ROBERT FULTON DRIVE, THIRD FLOOR	43 STREET ADDRESS	23902 ASPEN WAY
44 CITY ST ZIP	RESTON VA 22091-4347	44 CITY ST ZIP	CALABASAS, CA 91302
51 TITLE	S	51 TITLE	T
52 NAME	KASARJIAN LEVON JR	52 NAME	OFRIA, BRIAN
53 STREET ADDRESS	11811 N. TATUM BLVD., SUITE 2000	53 STREET ADDRESS	23341 OSTRONIC DRIVE
54 CITY ST ZIP	PHOENIX AZ 85028-1601	54 CITY ST ZIP	~~WOODLAND HILLS, CA~~
61 TITLE	D	61 TITLE	
62 NAME	DICKERSON JAMES H	62 NAME	
63 STREET ADDRESS	1717 ARCH STREET, 47TH FLOOR EAST	63 STREET ADDRESS	DELETE INFORMAITON
64 CITY ST ZIP	PHILADELPHIA PA 19103	64 CITY ST ZIP	TLS, 5/4/95

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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 4-17-95 818-226-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MICHAEL P. LOCKWOOD, SECRETARY

Date | Daytime Phone #

0207065