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

due May 1

DOCUMENT # F93000000391 (3)

1. Corporation Name

STEPHENS DIVERSIFIED LEASING, INC.

Principal Place of Business	Mailing Address
1475 TERMINAL WAY #C2 RENO NV 89502	P.O. BOX 11280 RENO NV 89510-1280

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 88-0221325 ☐ 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: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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 ___ DATE ___

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.		Delete	13.		Change / Addition
TITLE	CD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	WRIGHT, DONALD		1.2 NAME		
STREET ADDRESS	120 MAIN ST., 2ND FL		1.3 STREET ADDRESS	111 Center St	
CITY-ST-ZIP	N. LITTLE ROCK AR 72114		1.4 CITY-ST-ZIP	Little Rock, AR 72201	
TITLE	PVCD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	VADEN, GERALD		2.2 NAME		
STREET ADDRESS	120 MAIN ST., 2ND FL		2.3 STREET ADDRESS	111 Center St	
CITY-ST-ZIP	N. LITTLE ROCK AR 72114		2.4 CITY-ST-ZIP	Little Rock, AR 72201	
TITLE	VD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACOBY, JON		3.2 NAME		
STREET ADDRESS	111 CENTER ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR 72201		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	SARMENTO, ANN		4.2 NAME		
STREET ADDRESS	120 MAIN STREET 2ND FLOOR		4.3 STREET ADDRESS	111 Center St	
CITY-ST-ZIP	NORTH LITTLE ROCK AR		4.4 CITY-ST-ZIP	Little Rock, AR 72201	
TITLE	TS	☑ DELETE	5.1 TITLE	VP/Controller	☐ Change ☑ Addition
NAME	RIFFLE, WAYNE		5.2 NAME	Phyllis Rogers	
STREET ADDRESS	120 MAIN ST., 2ND FL		5.3 STREET ADDRESS	111 Center St.	
CITY-ST-ZIP	N. LITTLE ROCK AR		5.4 CITY-ST-ZIP	Little Rock, AR 72201	
TITLE	V	☐ DELETE	6.1 TITLE	T	☑ Change ☐ Addition
NAME	NICHOLS, DONNALEE		6.2 NAME		
STREET ADDRESS	120 MAIN ST., 2ND FLOOR		6.3 STREET ADDRESS	111 Center St	
CITY-ST-ZIP	N. LITTLE ROCK AR 72114		6.4 CITY-ST-ZIP	Little Rock, AR 72201	

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: Phyllis Rogers, Vice President/Controller 4/25/96 (501) 374-6036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)