

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 05 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F93000001465 (4)

1. Corporation Name  
DEER LEASING CO.

Principal Place of Business  
101 KAPPA DRIVE  
PITTSBURGH PA 15238

Mailing Address  
101 KAPPA DRIVE  
PITTSBURGH PA 15238-2800

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>03/24/1993   | 3a. Date of Last Report<br>04/16/1996                  |
| 4. FEI Number<br>25-1253356   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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                             | 29                     |

9. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                      |
|----------------------------|---------------------|---|----------------------|
| TITLE                      | CD                  | 1.1 TITLE   | VD                   |
| NAME                       | PORTER, IRWIN       | 1.2 NAME  | MORAVITZ, EDWARD     |
| STREET ADDRESS             | 101 KAPPA DRIVE     | 1.3 STREET ADDRESS                                    | 101 KAPPA DRIVE      |
| CITY-ST-ZIP                | PITTSBURGH PA 15238 | 1.4 CITY-ST-ZIP                                       | PITTSBURGH, PA 15238 |
| TITLE                      | CPO                 | 2.1 TITLE   | VD                   |
| NAME                       | SHAPIRA, DAVID S    | 2.2 NAME  | PORTER, CHARLES      |
| STREET ADDRESS             | 101 KAPPA DRIVE     | 2.3 STREET ADDRESS                                    | 101 KAPPA DRIVE      |
| CITY-ST-ZIP                | PITTSBURGH PA 15238 | 2.4 CITY-ST-ZIP                                       | PITTSBURGH PA 15238  |
| TITLE                      | VD                  | 3.1 TITLE   | AS                   |
| NAME                       | CHAIT, GERALD       | 3.2 NAME  | BURGO, RAYMOND J.    |
| STREET ADDRESS             | 101 KAPPA DRIVE     | 3.3 STREET ADDRESS                                    | 101 KAPPA DRIVE      |
| CITY-ST-ZIP                | PITTSBURGH PA 15238 | 3.4 CITY-ST-ZIP                                       | PITTSBURGH, PA 15238 |
| TITLE                      | VD                  | 4.1 TITLE   |                      |
| NAME                       | WEIZENBAUM, NORMAN  | 4.2 NAME  |                      |
| STREET ADDRESS             | 101 KAPPA DRIVE     | 4.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | PITTSBURGH PA 15238 | 4.4 CITY-ST-ZIP                                       |                      |
| TITLE                      | VTAS                | 5.1 TITLE   |                      |
| NAME                       | MORAVITZ, STANLEY   | 5.2 NAME  |                      |
| STREET ADDRESS             | 101 KAPPA DRIVE     | 5.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | PITTSBURGH PA 15238 | 5.4 CITY-ST-ZIP                                       |                      |
| TITLE                      | VST                 | 6.1 TITLE   |                      |
| NAME                       | NIMTZ, RICHARD H    | 6.2 NAME  |                      |
| STREET ADDRESS             | 101 KAPPA DRIVE     | 6.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | PITTSBURGH PA 15238 | 6.4 CITY-ST-ZIP                                       |                      |

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007330