

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000003490 (0)

1. Corporation Name

NATIONSBANC DEALER LEASING, INC.



Principal Place of Business

Mailing Address

**4161 PIEDMONT PARKWAY
GREENSBORO NC 27410**

**(GA1-006-14-16)
P.O. BOX 4899
ATLANTA GA 30302-4899
US**

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report
08/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **NC1-002-20-18**

22 City & State

27 **101 S. TRYON ST**

23 Zip

28 **CHARLOTTE, NC**

24 Country

29 **28255**

30 **US**

4. FEI Number

56-1795273

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 of person or principal officer 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 **P** ☐ DELETE
 NAME **WARREN, DALE**
 STREET ADDRESS **7317 LEESBURG RD**
 CITY - ST - ZIP **CHARLOTTE NC**

11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

TITLE **VTD** ☐ DELETE
 NAME **MCKEE, TOM**
 STREET ADDRESS **6304 MUIRFIELD DRIVE**
 CITY - ST - ZIP **GREENSBORO NC 27410**

21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

TITLE **S** ☒ DELETE
 NAME **WALLS, GEORGE R**
 STREET ADDRESS **100 NORTH TRYON STREET**
 CITY - ST - ZIP **CHARLOTTE NC 28255**

31 TITLE **SECRETARY** ☒ Change ☐ Addition
 32 NAME **MARY ANN LUCAS**
 33 STREET ADDRESS **100 N. TRYON ST.**
 34 CITY - ST - ZIP **CHARLOTTE, NC 28255**

TITLE **CD** ☐ DELETE
 NAME **ABADIE, JOHN**
 STREET ADDRESS **3815 O'BRIAN PLACE**
 CITY - ST - ZIP **GREENSBORO NC 27410**

41 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

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

SIGNATURE:

Dale Warren
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96

Date

Daytime Phone

CR2E034 (3/96)