

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003490 (0)**

1. Corporation Name  
**NATIONSBANC DEALER LEASING, INC.**



Principal Place of Business <b>4161 PIEDMONT PARKWAY GREENSBORO NC 27410</b>	Mailing Address <b>401 N TRYON ST %CORPORATE TAX CHARLOTTE NC 28255 US</b>
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DO NOT WRITE IN THIS SPACE

2. <b>401 N TRYON ST NC1-021-03-09 21 CHARLOTTE NC 28255</b>	2a <b>401 N TRYON ST NC1-021-03-09 26 CHARLOTTE NC 28255</b>	3. Date Incorporated or Qualified <b>07/30/1993</b>
22 City & State	27 City & State	4. FEI Number <b>56-1795273</b>
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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
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, typed or printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>WARREN, DALE</b>	1.2 NAME	<b>Redmond, John A.</b>
STREET ADDRESS	<b>7317 LEESBURG RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	1.4 CITY-ST-ZIP	<b>401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>SVP</b>
NAME	<b>MCKEE, TOM</b>	2.2 NAME	<b>Williams, Gary S.</b>
STREET ADDRESS	<b>1304 MURFIELD DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENSBORO NC 27410</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<b>V</b>
NAME	<b>LUCAS, MARY ANN</b>	3.2 NAME	<b>Locke, Janet</b>
STREET ADDRESS	<b>100 N TRYON ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	4.1 TITLE	<b>D</b>
NAME	<b>ABADIE, JOHN</b>	4.2 NAME	<b>Xamplas, Gus</b>
STREET ADDRESS	<b>9815 O'BRIANT PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENSBORO NC 27410</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE

*[Handwritten signatures and notes]*