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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000003813 (3)

1. Corporation Name  
LEASE PLUS, INC.



Principal Place of Business  
600 SOUTH HART RD  
BARRINGTON IL 60010

Mailing Address  
DEPT 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-1000

3. Date Incorporated or Qualified  
08/20/1993

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
36-3897576

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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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, typed or printed name 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 PCO  
NAME DERICKSON, SANDRA L  
STREET ADDRESS 7 FOREST LANE  
CITY-ST-ZIP SOUTH BARRINGTON IL 60010  
VD

1.1 TITLE VP-Taxes  
1.2 NAME Jeffrey C Hyde  
1.3 STREET ADDRESS 260 Long Ridge Rd  
1.4 CITY-ST-ZIP Stamford CT 06927

TITLE  
NAME OSTRANDER, MELVIN D  
STREET ADDRESS 1507 LAKE SHORE DRIVE  
CITY-ST-ZIP SOUTH BARRINGTON IL 60010  
V

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME MORGENTHAUER, RICHARD A  
STREET ADDRESS 602 FARGO BLVD.  
CITY-ST-ZIP GENEVA IL 60134  
S

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME HORTON, JEANNE M  
STREET ADDRESS 8 DANADA DRIVE  
CITY-ST-ZIP WHEATON IL 60187  
T

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME WERNER, JEFFREY S  
STREET ADDRESS 148 FOREST STREET  
CITY-ST-ZIP STAMFORD CT 06902  
ASD

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME AMBLE, DAVID G  
STREET ADDRESS 2100 POST ROAD  
CITY-ST-ZIP DARIEN CT 06820

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)