

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 06927-9621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1993

4. FEI Number

36-3897576

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ 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

25 Country

28 Zip

30 Country

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 (Limit 100 characters)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPT
NAME HYDE, JEFFREY L
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

☐ DELETE

1.1 TITLE ASST TREAS - TAXES
1.2 NAME Gary J. Schulman
1.3 STREET ADDRESS 260 Long Ridge Road
1.4 CITY-ST-ZIP Stamford CT 06927

☐ Change ☒ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)