

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

50 MAR 20 PM 3:33

DOCUMENT # F93000005472 (6)

1. Corporation Name

SIGNET LEASING AND FINANCIAL CORPORATION

Principal Place of Business

**7 ST. PAUL STREET
BALTIMORE MD 21202**

Mailing Address

**P.O. BOX 2373
BALTIMORE MD 21203
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

01/25/1994

2. Principal Place of Business

21

2a. Mailing Address

21a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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 the person named as registered agent and file # applicable

(NOTE: Registered Agent Signature required when verifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☒ Change ☐ Addition
NAME	TROUT, KENNETH H	1.2 NAME	
STREET ADDRESS	11 BROOKSTRONG COURT	1.3 STREET ADDRESS	11 Brookstone Court
CITY, ST, ZIP	BALTIMORE MD	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	SCHMIDT, THOMAS P	2.2 NAME	PD Daniel E. McKen
STREET ADDRESS	1203 WHITE MILLS ROAD	2.3 STREET ADDRESS	4518 Meadowcliff Rd
CITY, ST, ZIP	BALTIMORE MD	2.4 CITY, ST, ZIP	Glen Arm, MD 21057
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	TAYLOR, MICHAEL W	3.2 NAME	TD Katherine Delano
STREET ADDRESS	1221 COALFIELD ROAD	3.3 STREET ADDRESS	6101 Kennedy Drive
CITY, ST, ZIP	MIDLOTHIAN VA	3.4 CITY, ST, ZIP	Chevy Chase, MD 20815
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	RIEGER, H V	4.2 NAME	SD Sara R. Wilson
STREET ADDRESS	1015 IVY HILL ROAD	4.3 STREET ADDRESS	8857 River Road
CITY, ST, ZIP	BALTIMORE MD	4.4 CITY, ST, ZIP	Richmond, VA 23229
TITLE	PT	5.1 TITLE	☐ Change ☒ Addition
NAME	HOWARD JR, THOMAS B	5.2 NAME	V Nancy S. Beswick
STREET ADDRESS	5211 PURLINGTON WAY	5.3 STREET ADDRESS	31 Court Drive
CITY, ST, ZIP	BALTIMORE MD	5.4 CITY, ST, ZIP	Rumsey Island, MD 21085
TITLE	V	6.1 TITLE	☐ Change ☒ Addition
NAME	KOPEWSKI, ANDRZEJ	6.2 NAME	D Scott R. Rhodes
STREET ADDRESS	4316 CONIFER COURT	6.3 STREET ADDRESS	3967 Poland Springs Drive
CITY, ST, ZIP	GLEN ARM MD	6.4 CITY, ST, ZIP	Ellicott City, MD 21042

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 110.07(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 it would 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 addition.

SIGNATURE:

Nancy S. Beswick **Nancy S. BESWICK**

3/21/95

410-332-5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number