

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001075 (0)

1. Corporation Name

LEASE FINANCE GROUP, INC.

Principal Place of Business

455 N. CITYFRONT PLAZA DRIVE, SUITE 1400
CHICAGO IL 60611

Mailing Address

455 N. CITYFRONT PLAZA DRIVE, SUITE 1400
CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0694895

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

C T CORPORATION SYSTEM
1200 S. 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

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 119.4 applicable.

(NOTE: Registered Agent signature required when canceling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	OBERMAN, JAMES M
STREET ADDRESS	455 N. CITYFRONT PLAZA DR., SUITE 1400
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	VD
NAME	BRANDT, WILLIAM A
STREET ADDRESS	455 N. CITYFRONT PLAZA DR., SUITE 1400
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	S
NAME	MCCARTHY, THOMAS C
STREET ADDRESS	455 N. CITYFRONT PLAZA DR., SUITE 1400
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	V
NAME	James R. Brandt
STREET ADDRESS	455 N. Cityfront Plaza Dr., #1400
CITY-ST-ZIP	Chicago, Illinois 60611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SV ☒ Change ☐ Addition
3.2 NAME	McCarthy, Thomas C.
3.3 STREET ADDRESS	455 N. Cityfront Plaza Dr., Ste. 1400
3.4 CITY-ST-ZIP	Chicago, Ill. 60611
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 its 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 hereinafter, or as an addressee with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Oberman, President

1/16/95

(312) 755-5656

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SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD

OBERMAN, JAMES M

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CHICAGO IL 60611

TITLE

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S

MCCARTHY, THOMAS C

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CITY-ST-ZIP

V

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Chicago, Illinois 60611

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☐ Change ☐ Addition

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3.2 NAME

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3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 of the name of the corporation with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

James M. Oberman President

1/16/95

(312) 755-5656