

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001075 (0)

1. Corporation Name

LEASE FINANCE GROUP, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. 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 registered person, name of registered agent and title, if applicable

(If filer is registered agent, separate signature required for each change)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME OBERMAN, JAMES M
STREET ADDRESS 455 N. CITYFRONT PLAZA DR., SUITE 1400
CITY-ST-ZIP CHICAGO IL 60611 ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME BRANDT, WILLIAM A
STREET ADDRESS 455 N. CITYFRONT PLAZA DR., SUITE 1400
CITY-ST-ZIP CHICAGO IL 60611 ☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SV
NAME MCCARTHY, THOMAS C.
STREET ADDRESS 455 N. CITYFRONT PLAZA DR., STE. 1400
CITY-ST-ZIP CHICAGO IL ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME BRANDT, JAMES R.
STREET ADDRESS 455 N. CITYFRONT PLAZA DR., #1400
CITY-ST-ZIP CHICAGO IL ☐ DELETE

41 TITLE D
42 NAME BRANDT, JAMES R
43 STREET ADDRESS 455 N CITYFRONT PLAZA DR., #1400
44 CITY-ST-ZIP CHICAGO, IL 60611 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. MCCARTHY 6/13/95 312-755-5555

CR2E034 (3/96)