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
95 APR 13 PM 12:37

DOCUMENT # **F94000001357 (2)**

1. Corporation Name
FORD CREDIT LEASING COMPANY, INC.

Principal Place of Business	Mailing Address
THE AMERICAN ROAD DEARBORN MI 48121	THE AMERICAN ROAD DEARBORN MI 48121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 38-3156318 ☐ 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
CT CORPORATION SYSTEM ✓ 1200 S. PINE ISLAND RD. PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, HURLEY D	12 NAME	
STREET ADDRESS	8205 VALLEYVIEW	13 STREET ADDRESS	
CITY ST ZIP	CLARKSTON MI 48348	14 CITY ST ZIP	
TITLE	PT D	21 TITLE	☐ Change ☐ Addition
NAME	KELLY, KEVIN F	22 NAME	
STREET ADDRESS	38035 KLARR DR.	23 STREET ADDRESS	
CITY ST ZIP	NORTHVILLE MI 48167	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BRINGARD, JERRY D	32 NAME	
STREET ADDRESS	20136 E. RIVER RD.	33 STREET ADDRESS	
CITY ST ZIP	GROSSE ILE MI 48138	34 CITY ST ZIP	
TITLE	C	41 TITLE	☒ Change ☐ Addition
NAME	~~LEWIS, PAUL W~~	42 NAME	C MARRS, TERRENCE F.
STREET ADDRESS	~~6810 COMMERCE RD.~~	43 STREET ADDRESS	45730 FERMANAGH
CITY ST ZIP	~~W. BLOOMFIELD MI~~	44 CITY ST ZIP	NORTHVILLE, MI 48167
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	CONRAD, RICHARD P	52 NAME	
STREET ADDRESS	11301 BERWICK	53 STREET ADDRESS	
CITY ST ZIP	LIVONIA MI 48150	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SPIVAK, MARIO	62 NAME	
STREET ADDRESS	611 WAYMARKET	63 STREET ADDRESS	
CITY ST ZIP	ANN ARBOR MI	64 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)(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: Carol V. Rogoff — Carol V. Rogoff, Assistant Secretary — APR 01 1995 — (313) 323-8480
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #

0476026 FP