

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90056 003 \*\*\*150.00

DOCUMENT # F94000001357

1. Corporation Name

FORD CREDIT LEASING COMPANY, INC.

Principal Place of Business

P.O. BOX 6044  
LEGAL OFFICE  
DEARBORN MI 48121

Mailing Address

P.O. BOX 6044  
LEGAL OFFICE  
DEARBORN MI 48121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1994

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME COATES, KENNETH  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121 ☐ DELETE

TITLE VPC  
NAME ACTON, ELIZABETH  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121 ☐ DELETE

TITLE V  
NAME BRINGARD, JERRY D  
STREET ADDRESS 20136 E. RIVER RD.  
CITY-ST-ZIP GROSSE ILE MI 48138 ☒ DELETE

TITLE D  
NAME ATWATER, PETER  
STREET ADDRESS THE AMERICAN RD  
CITY-ST-ZIP DEARBORN MI 48121 ☐ DELETE

TITLE AS  
NAME CONRAD, RICHARD P  
STREET ADDRESS 11301 BERWICK  
CITY-ST-ZIP LIVONIA MI ☐ DELETE

TITLE PT  
NAME BURKHARD, JOHN P.  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI ☒ DELETE

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 ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 P/T ☐ Change ☒ Addition  
6.2 NAME DAVID P. COSPER  
6.3 STREET ADDRESS THE AMERICAN ROAD  
6.4 CITY-ST-ZIP DEARBORN MI 48121

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, with all other like empowered.

SIGNATURE:

R.P. Conrad  
Assistant Secretary

3/31/99

(313) 248-8078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)