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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001856 (3)

1. Corporation Name

LEASLINE, INC.

Principal Place of Business	Mailing Address
255 E BROWN ST STE 300 BIRMINGHAM MI 48009 US	255 E BROWN ST STE 300 BIRMINGHAM MI 48009 US

2. Principal Place of Business
21 255 E. Brown St.
Suite, Apt #, etc
22 Suite 300
City & State
23 Birmingham Mich
Zip 24 48009 Country 25 USA

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/12/1994**
3a. Date of Last Report: **08/18/1995**
4. FEI Number: **38-2878282** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] **$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 [X] No

9. Name and Address of Current Registered Agent

CHERRY, MIKE
4902-A 16TH AVE., S.
TAMPA FL 33619

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	PSTD	☐ DELETE
NAME	THOMSON, ALAN G	
STREET ADDRESS	1072 AUTUMN LANE	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	VDC	☐ DELETE
NAME	GROVES, THOMAS L	
STREET ADDRESS	5036 WARWICK TRAIL	
CITY-ST-ZIP	GRAND BLANC MI 48439	
TITLE	D	☐ DELETE
NAME	COOPER, DARRELL	
STREET ADDRESS	300 DAYTON ST.	
CITY-ST-ZIP	DAVISON MI 48423	
TITLE	D	☐ DELETE
NAME	KLEINAITIS, PAUL	
STREET ADDRESS	233 S. WACKER DR., #9600	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		☐ 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		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 on an attachment with an address.

SIGNATURE: [signature] 6/21/96 (810)644-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #