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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000002232 (6)

1. Corporation Name

RC Leasing Services, Inc.

Principal Place of Business

Mailing Address

1000 Corporate Drive  
Ft. Lauderdale, FL 33334

1000 Corporate Drive  
Ft. Lauderdale, FL 33334

3. Date Incorporated or Qualified  
4/29/1994

3a. Date of Last Report  
4/28/96

4. FEI Number

65-0464496

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

2. Principal Place of Business

2a. Mailing Address

21. Same As: # etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

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

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 Agent or person authorized to register agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D P CEO ☐ DELETE  
NAME Carson, John C.  
STREET ADDRESS 1000 Corporate Drive  
CITY-STATE-ZIP Ft. Lauderdale, FL 33334

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

TITLE V ☐ DELETE  
NAME Thomas, Kenneth A.  
STREET ADDRESS 1000 Corporate Drive  
CITY-STATE-ZIP Ft. Lauderdale, FL 33334

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

TITLE V ☐ DELETE  
NAME Crowe, Robert J.  
STREET ADDRESS 280 Park Avenue, 24th Floor  
CITY-STATE-ZIP New York, NY 10017

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

TITLE V ☐ DELETE  
NAME McCarron, Francis T.  
STREET ADDRESS 280 Park Avenue, 41st Floor  
CITY-STATE-ZIP New York, NY 10017

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE S ☐ DELETE  
NAME Rosen, Stuart I.  
STREET ADDRESS 280 Park Avenue, 41st Floor  
CITY-STATE-ZIP New York, NY 10017

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

TITLE V T ☐ DELETE  
NAME Shultz, Thomas E.  
STREET ADDRESS 280 Park Avenue, 41st Floor  
CITY-STATE-ZIP New York, NY 10017

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

14. I do 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.

SIGNATURE:

Robert J. Crowe, Asst. VP-Taxes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97  
Date

212-451-3115  
Daytime Phone #

CR2E034 (9/96)