

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90187 046 ***150.00

DOCUMENT # F94000002232

1. Corporation Name

RC LEASING SERVICES, INC.



Principal Place of Business

709 WESTCHESTER AVENUE
WHITE PLAINS NY 10604
US

Mailing Address

709 WESTCHESTER AVENUE
WHITE PLAINS NY 10604
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1994

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 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	P	<input type="checkbox"/> DELETE
NAME	CAVALLO, ERNEST J	
STREET ADDRESS	709 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CROWE, ROBERT J	
STREET ADDRESS	280 PARK AVE. 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEN, RICHARD	
STREET ADDRESS	709 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, MICHAEL F	
STREET ADDRESS	709 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSEN, STUART I	
STREET ADDRESS	280 PARK AVENUE, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SHULTZ, THOMAS E	
STREET ADDRESS	280 PARK AVENUE, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	Essner, Greg
6.4 CITY-ST-ZIP	280 Park Avenue New York, NY 10017

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:

Robert J. Crowe, Asst. VP-Taxes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

212-451-3115

Daytime Phone #

CR2E034 (1/1/98)