FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9400003477 (6)

RESOURCE LEASING CORPORATION

Display I Display of Displays													
Principal Place of Business 8221 OLD COURTHOUSE RD SUITE 104			Mailing Address 8221 OLD COURTHOUSE RD SUITE 104										
vienna va 22182			VIENNA VA 22182				-	3. Date incorporated or Qualified 3a. Date of Last Repo 06/15/1994 02/21/1999			•		
2. Principal Pla	ce of Business	2a. 26	Mailing Address	***************************************				4, FEI Number 54-1330935			Applied For		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		Not Applicable \$8.75 Additional Fee Required			
City & State		27	City & State				+-	6. Election Campaign Financing	' п	\$5.00 May Be			
2 3] - Zip - A 1	Zip Country		7/p Coun							Added to Fees or intangible tax under s 199.032,			
4 25 25 Name and Address of Curren			29 30 30 Registered Agent					Florida Statutes					
-	S. Name and Addition of Control				81	Name		U, Marrie Billo Address Or Her	registoreu	Ayent			
CORPO	RATION SERVICE COMPANY					A		/D O Day Number in Not Access	s a b . I a b				
1201 HAYS ST			82			Street	Address ((P.O. Box Number is Not Accep	table)				
	ASSEE FL 32301				83								
					84	City			FL.	85	Zip Code		
11 Pursuant to	the pravisions of Sections 607,0502	and 60	7 1508 Florida Statu	tes the abo	VA-r	amed co	ornoration	submits this statement for the		anoing	its registered office		
or registere	ed agent, or both, in the State of Florida is, and accept the obligations of, Section	a, Such	i change was authorij	zed by the (corp	oration's	board of	directors. I hereby accept the a	ppointment as	registe	ered agent. I am		
	t, and accept the obligations of, Section	r1007.	2000, Florida Statute	· .									
SIGNATURE _	Signature, typed or printed name of registered agond a	nd tile if a	ıçış kcaroo: (N	OTE: Ragistered	i Ager	l signature r	required wher	n reinstating)	DATE				
12.	OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES TO C					
TRUE	PD		DELETE	111			VPD	Lav. Cocdan	ړ	Chan	ige		
NAME	NICHOLS, HENRY R			12 N			Misc	Box 3385					
STREET ADDRESS	8456 HOLLY LEAF DR					ADDRESS	Mo.	ifield, VA 22116					
CITY ST, ZIP.	MCLEAN VA 22102 D		DELETE	2 1 1		1-ZIP				Char	nge Addition		
NAME	NICHOLS, WILLIAM A SR		[] been t	2 1 1 22 N			1460	er E. Winans, Jr.	ı		ge A Rudillon		
STREET ADDRESS	4 CHOWDERS RIDGE					ADDRESS		9 Sibelius Prive					
CITY-ST ZIP	LAKE WYLIE SC 29710					T-ZIP		na, VA 22182					
TIPLE	D		[] DELETE	3 1 1		1-21	I N	•		Chan	nge Addition		
NAME	GOROG, PETER M			0.014	1110		Willi	iam N. Me Hon	_	_	• 🖍		
STREET LADORESS	1283 AUBURN GROVE DR			33.9	TREET	ADDRESS	208	6 Hunter Crest W nna, VA 22182	ay				
City-St-ZiP	RESTON VA 22094			34 C	ITY-S	T-ZIP	Vier	ma VA 22182					
TILE	VPD		DELETE	4 1 1	ITLE				[☐ Char	nge Addition		
NAME	Wisotzki, Gordon			4.2 N	AME								
STREET ADDRESS	840 CAMDEN ST			438	TREET	ADDRESS							
CITY-SI-ZIP	alexandria va			440	ITY-S	T-ZIP	l						
TIFLE	S		DELETE	5 1 7	ITLE				[☐ Chan	nge 🗌 Addition		
NAME	JENNINGS, LARLYN L			52 N	AME								
STREET ADDRESS	2999 MISSION SQUARE DR			538	TREET	ADDRESS							
CHY-ST-ZIF	FAIRFAX VA					T-71P	ļ						
THLE	TO		DELETE	6 1 1					[Char	nge 🗌 Addition		
NAM:	FURFINE, EARL M			. 62 N									
STREET ADDRESS	6587 IRVIN COURT					ADDRESS							
CHY SI ZIF	ALEXANDRIA VA	ith thic	filma is valuatarily for		doo		lifer for th	e exemption stated in Section 1	10 07/2VIA FIA	orida C	states I further		

reconscious control material material material supplied with this tiling is voluntarily turnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of singed, or on an altachment with an address.

SIGNATURE:

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bate Davine Prope I

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CR2E034 (12/95)