

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

FILED

Mar 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003477 (6)

1. Corporation Name

RESOURCE LEASING CORPORATION

Principal Place of Business

8221 OLD COURTHOUSE RD
SUITE 104
VIENNA VA 22182

Mailing Address

8221 OLD COURTHOUSE RD
SUITE 104
VIENNA VA 22182-3839

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

02/12/1996

4. FEI Number

54-1330935

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WISTOZKI, GORDAN	
STREET ADDRESS	POST OFFICE BOX 3385	
CITY - ST - ZIP	MERRIFIELD VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, WILLIAM A SR	
STREET ADDRESS	4 CHOWDERS RIDGE	
CITY - ST - ZIP	LAKE WYLIE SC 29710	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOROG, PETER M	
STREET ADDRESS	1283 AUBURN GROVE DR	
CITY - ST - ZIP	RESTON VA 22094	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WISTOZKI, GORDON	
STREET ADDRESS	840 CAMDEN ST	
CITY - ST - ZIP	ALEXANDRIA VA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, LARLYN L	
STREET ADDRESS	2999 MISSION SQUARE DR	
CITY - ST - ZIP	FAIRFAX VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FURFINE, EARL M	
STREET ADDRESS	6587 IRVIN COURT	
CITY - ST - ZIP	ALEXANDRIA VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S VP D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GORDON WISTOZKI	
1.3 STREET ADDRESS	P.O. Box 3385 N/A	
1.4 CITY - ST - ZIP	Merrifield, VA 22116	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NICHOLS, WILLIAM A SR	
2.3 STREET ADDRESS	4 CROWDERS RIDGE	
2.4 CITY - ST - ZIP	LAKE WYLIE, SC 29710	
3.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NICHOLS, HENRY R	
3.3 STREET ADDRESS	8456 HOLLY LEAF DR.	
3.4 CITY - ST - ZIP	MCLEAN, VA 22102	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WINANS, WALTER E. JR.	
4.3 STREET ADDRESS	9329 SIBELIUS DRIVE	
4.4 CITY - ST - ZIP	VIENNA, VA 22182	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MELTON, WILLIAM N.	
5.3 STREET ADDRESS	2086 HUNTER CREST WAY	
5.4 CITY - ST - ZIP	VIENNA, VA 22181	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

703-827-2244

CR2E034 (9/96)