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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Apr 22 1998 8:00am Secretary of State
DOCUMENT # F 1. Corporation Name MAXUS LEASING GROU	5284 (4)	

Principal Place of Business 25700 SCIENCE PARK DRIVE #370 CLEVELAND OH 44122 US		Mailing	g Address						
		25700	SCIENCE PARK	DRIVE					
			#370 CLEVELAND OH 44122						
		US					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 10/11/1994		
2. Principal F	Place of Business	2a. Ma	uling Address				4. FEI Number Applied For		
21		26					34-1728771 Not Applicable		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27					Fee Required		
	City & State		City & State			Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution		
Zip	Country	Zip Tiin	1		ountry		8. This corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Curre	29	4 8	30			Personal Property Tax due June 30. Yes No		
		air Hegistere	u Agent		81	Name	10. Name and Address of New Registered Agent		
	CORPORATION SYSTEM				"	name			
	00 SOUTH PINE ISLAND ROAD				82	Street .	Address (P.O. Box Number is Not Acceptable)		
l H	ANTATION FL 33324					-			
					83				
					84	City	85 Zip Code		
							FL_ ``		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statu	utes, the	abovo	-named	d corporation submits this statement for the purpose of changing its registered irporation's board of directors. I hereby accept the appointment as registered		
agent. La	am familiar with, and accept the oblig	e or monda, a gations of, Se	ction 607.0505, F	lorida St	atutes	r ine corp 3.	rporations board of directors. Thereby accept the appointment as registered		
SIGNATURE									
	Signature, typed or printed hance of registered as					nt signature	re required when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTO		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP OUDICEOUS		☐ DELETE	1.1	TITLE		Change Addition		
NAME DI LILLO CHRISTOPHER				1.2	NAME				
STREET ADDRESS 24700 CHAGRIN BLVD., STE.		. 202	1.3 STREET ADDRESS		ADDRES\$				
CITY-ST-ZIP	CLEVELAND OH			1.4	CITY-S	T- 2 IP			
TITLE	D		☐ DELETE	2.1	TITLE		Change Addition		
NAME	BARONE, RICHARD			2.2	NAME				
STREET ADDRESS	28601 CHAGRIN BLVD.		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	OLEVELAND OH 44122			2.4 CITY-ST-ZIP		ST-ZIP			
TITLE	V		DELETE	3.1	TITLE		Change Addition		
NAME				3.2	NAME				
STREET ADORESS				3.3	STREET	ADDRESS			
CITY-ST-ZIP	CLEVELAND OH			3.4.	CITY-S	ST - ZIP			
TITLE			DELETE		TITLE		Change Addition		
NAME				4.2	NAME	ĺ			
STREET ADDRESS]			4.3	STREET	ADDRESS			
CITY-ST-ZIP	}				CITY-S				
TITLE			☐ DELETÉ		TITLE		Change Addition		
NAME				5.2	NAME		11 00		
STREET ADDRESS						ADDRESS !	764/22		
CITY-ST-ZIP					CITY-S				
TITLE		······································	DELETE		TITLE		20000243032Change Addition -04/22/9801075033		
NAME				4	NAME		-04/22/9801075033		
STREET ADDRESS						ADDRESS	***150.00		
SHIRE MENTICOS	1				SINCE!	i			

14. Thereby 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 receivor 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: X Aut. 1) Handle

X 4.12-92

FILED