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 22196 B-1386 C

DOCUMENT # F95000001745 (7)

1. Corporation Name

NEWCOURT FINANCIAL USA INC

Principal Place of Business	Mailing Address
3945 FREEDOM CIRCLE. SUITE 1050 SANTA CLARA CA 95054-1226	3945 FREEDOM CIRCLE. SUITE 1050 SANTA CLARA CA 95054-1226

3. Date Incorporated or Qualified: 04/11/1995
3a. Date of Last Report:

2. Principal Place of Business
21 TEN ALMADEN BLVD.
Suite, Apt. #, etc.
22 SUITE 500
City & State
23 SAN JOSE, CA
Zip 24 95113-2237 Country 25 USA

2a. Mailing Address
26 TEN ALMADEN BL.
Suite, Apt. #, etc.
27 SUITE 500
City & State
28 SAN JOSE, CA
Zip 29 95113-2237 Country 30 USA

4. FEI Number: 77-0298311 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE HUDSON, STEVEN K 181 BAY ST., STE. 3500, TORONTO, ONTARIO CANADA M5J 2T3	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT & DIRECTOR P/D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☐ DELETE IMRIE, WILLIAM M 181 BAY ST., STE. 3500, TORONTO, ONTARIO CANADA M5J 2T3	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☐ DELETE JAUERNIG, DANIEL A 181 BAY ST., STE. 3500, TORONTO, ONTARIO CANADA M5J 2T3	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ DELETE JOHNSON, JAMES C 181 BAY ST., STE. 3500, TORONTO, ONTARIO CANADA M5J 2T3	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ☐ DELETE MARTITSCH, KARL N 3945 FREEDOM CIRCLE, SUITE 1050 SANTA CLARA CA 95054-1226	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE NULLMEYER, BRADLEY D 181 BAY ST., STE. 3500, TORONTO, ONTARIO CANADA M5J 2T3	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/24/96 (408) 271-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #