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Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002526 (0)**

1. Corporation Name

**TRANSPORTATION LEASING CO. OF CALIFORNIA, INC.**

Principal Place of Business

**1850 N. CENTRAL AVE.  
PHOENIX AZ 85077-2249**

Mailing Address

**1850 N. CENTRAL AVE.  
PHOENIX AZ 85077-2249**



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

**05/24/1995**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**94-1200326**

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

**C T 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>RAGO, NICHOLAS A</b>	
STREET ADDRESS	<b>DIAL TOWER</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	<b>EMERSON, FREDERICK G</b>	
STREET ADDRESS	<b>DIAL TOWER</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>ERVANIAN, ARMEN</b>	
STREET ADDRESS	<b>DIAL TOWER</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>NELSON, RONALD G</b>	
STREET ADDRESS	<b>DIAL TOWER</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>STEPHAN, RICHARD C</b>	
STREET ADDRESS	<b>DIAL TOWER</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>TEETS, JOHN W</b>	
STREET ADDRESS	<b>DIAL TOWER</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RAGO, NICHOLAS A.</b>	
1.3 STREET ADDRESS	<b>1850 - N. CENTRAL AVE., TAX DEPT. 2249</b>	
1.4 CITY-ST-ZIP	<b>PHOENIX, AZ 85077-2249</b>	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SAYAB, SCOTT E</b>	
2.3 STREET ADDRESS	<b>1850 - N. CENTRAL AVE., TAX DEPT. 2249</b>	
2.4 CITY-ST-ZIP	<b>PHOENIX, AZ 85077-2249</b>	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ERVANIAN, ARMEN</b>	
3.3 STREET ADDRESS	<b>1850 - N. CENTRAL AVE., TAX DEPT. 2249</b>	
3.4 CITY-ST-ZIP	<b>PHOENIX, AZ 85077-2249</b>	
4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>NELSON, RONALD G.</b>	
4.3 STREET ADDRESS	<b>1850 - N. CENTRAL AVE., TAX DEPT. 2249</b>	
4.4 CITY-ST-ZIP	<b>PHOENIX, AZ 85077-2249</b>	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>STEPHAN, RICHARD C</b>	
5.3 STREET ADDRESS	<b>1850 - N. CENTRAL AVE., TAX DEPT. 2249</b>	
5.4 CITY-ST-ZIP	<b>PHOENIX, AZ 85077-2249</b>	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>BHANNON, ROBERT H</b>	
6.3 STREET ADDRESS	<b>1850 - N. CENTRAL AVE., TAX DEPT. 2249</b>	
6.4 CITY-ST-ZIP	<b>PHOENIX, AZ 85077-2249</b>	

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 if changed, or on an attachment with an address.

SIGNATURE

**M. LITHELAND**

4/7/97

(602) 207-5436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Sec'y

Date

Daytime Phone #

CR2E034 (9/96)