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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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  
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

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	RAGO, NICHOLAS A	
STREET ADDRESS	1850 N. CENTRAL AVE., TAX DEPT. 2249	
CITY-ST-ZIP	PHOENIX AZ	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SAYRE, SCOTT E.	
STREET ADDRESS	1850 N. CENTRAL AVE., TAX DEPT. 2249	
CITY-ST-ZIP	PHOENIX AZ	

TITLE	V	<input type="checkbox"/> DELETE
NAME	ERVANIAN, ARMEN	
STREET ADDRESS	1850 N. CENTRAL AVE., TAX DEPT. 2249	
CITY-ST-ZIP	PHOENIX AZ	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	NELSON, RONALD G	
STREET ADDRESS	1850 N. CENTRAL AVE., TAX DEPT 2249	
CITY-ST-ZIP	PHOENIX AZ	

TITLE	V	<input type="checkbox"/> DELETE
NAME	STEPHAN, RICHARD C	
STREET ADDRESS	1850 N. CENTRAL AVE., TAX DEPT. 2249	
CITY-ST-ZIP	PHOENIX AZ	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOHANNON, ROBERT H.	
STREET ADDRESS	1850 N. CENTRAL AVE., TAX DEPT. 2249	
CITY-ST-ZIP	PHOENIX AZ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: *AB*

*J. M. Litherland*

*J. M. LITHERLAND 4/20/98 (602) 207-5436*