

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY -6 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002537 (7)

1. Corporation Name

CCLC COMPANY DBA
Coast-To-Coast Leasing Corporation



Principal Place of Business

300 S. FOURTH STREET
SUITE 1100
LAS VEGAS NV 89101

Mailing Address

300 S. FOURTH STREET
SUITE 1100
LAS VEGAS NV 89101-6028

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

02/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

88-0320808

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
NAME WEBSTER, CURTIS K
STREET ADDRESS 300 SOUTH 4TH STREET, SUITE 1100
CITY- ST- ZIP LAS VEGAS NV

DELETE

TITLE EVT
NAME SEXTON, KEVIN W
STREET ADDRESS 300 SOUTH 4TH STREET, SUITE 1100
CITY- ST- ZIP LAS VEGAS NV

DELETE

TITLE VS
NAME DONOVAN, DARLENE J
STREET ADDRESS 300 SOUTH 4TH STREET, SUITE 1100
CITY- ST- ZIP LAS VEGAS NV

DELETE

TITLE D
NAME STEPHENSON, NELSON L
STREET ADDRESS 300 SOUTH 4TH STREET, SUITE 1100
CITY- ST- ZIP LAS VEGAS NV

DELETE

TITLE D
NAME MILLER, MONTE L
STREET ADDRESS 300 S. FOURTH STREET, SUITE 1100
CITY- ST- ZIP LAS VEGAS NV 89101

DELETE

TITLE D
NAME MILLER, GLEN
STREET ADDRESS 200 WEST MADISON STREET
CITY- ST- ZIP CHICAGO IL 60608

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 if changed, or on an attachment with an address.

SIGNATURE: Darlene J. Donovan
Vice President

Date 4-28-97

Daytime Phone #

CR2E034 (9/96)