


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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000002537 1. Corporation Name CCLC company		
Coast-To-Coast Leasing Corporation = CROSS		

Principal Place of Business	Mailing Address Ref.
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DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 5/24/95	
21. 101 Convention Center Drive Suite, Apt. #, etc		4. FEI Number 88-0320808	
22. Suite 850 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Las Vegas NV		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 89109 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. USA		29. 89109 Country USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation FL 33324		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 printed name of registered agent and the Corporation. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Kevin W. Sexton
STREET ADDRESS		1.3 STREET ADDRESS	101 Convention Center Drive Suite 850
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Las Vegas NV 89109
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VS
STREET ADDRESS		2.3 STREET ADDRESS	Darienne J. Donovan
CITY-ST-ZIP		2.4 CITY-ST-ZIP	101 Convention Center Drive Suite 850
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	Nelson L. Stephenson
CITY-ST-ZIP		3.4 CITY-ST-ZIP	101 Convention Center Drive Suite 850
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	Monte L. Miller
CITY-ST-ZIP		4.4 CITY-ST-ZIP	101 Convention Center Drive Suite 850
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	Glen Miller
CITY-ST-ZIP		5.4 CITY-ST-ZIP	200 West Madison Street
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Chicago, IL 60606
STREET ADDRESS		6.3 STREET ADDRESS	4000002543384
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-06/02/98-01017-001

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: **Darienne J. Donovan** 4.30.98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)