

FILED

Mar 12 1998 8:00am
Secretary of State



1. Corporation Name
SIGNET BUSINESS LEASING CORPORATION

Mailing Address
P.O. BOX 25970
RICHMOND VA 32360
US

DO NOT WRITE IN THIS SPACE

2a.	Mailing Address	
26	P.O. Box 85035	
	Suite, Apt. #, etc.	
27	City & State	
28	Richmond, VA	
	Zip	Co
29	23285-5035	30

3. Date Incorporated or Qualified 06/19/1995			
4. FEI Number 54-1586136	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Registered Agent	
SYSTEM, INC.	81
	82
	83
	84

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
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 _____

REACTORS	
<input checked="" type="checkbox"/>	DELETE
<input type="checkbox"/>	DELETE
<input type="checkbox"/>	DELETE
<input checked="" type="checkbox"/>	DELETE
<input type="checkbox"/>	DELETE
<input type="checkbox"/>	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	Ronald E. Davis
1.4 CITY-ST-ZIP	3841 Gaskins Road Richmond, VA 23233
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gary Klein
5.3 STREET ADDRESS	3841 Gaskins Road
5.4 CITY-ST-ZIP	Richmond, VA 23233
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice President
6.3 STREET ADDRESS	Dale D. Northington
6.4 CITY-ST-ZIP	3841 Gaskins Road Richmond, VA 23233

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: Dale D. Northington

2-20-98

804-762-8225

CR2E034 (10/97)