· FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 JUN 10 AM 10:53
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F95000003288 (6)

1. Corporation Name
UNIFIED MANAGEMENT LEASING CORP. OF FLORIDA

Principal Place of Business	Mailing Address
1 E WACKER DR., STE ~~2500~~ 3504 CHICAGO IL 60601	1 E WACKER DR., STE ~~2500~~ 3504 CHICAGO IL 60601

3. Date Incorporated or Qualified: **07/07/1995**
3a. Date of Last Report: N/A
4. FEI Number: **36-3852395** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DS	☐ DELETE
NAME	AYRASSIAN, GREGORY	
STREET ADDRESS	1 E WACKER DR., STE 2500	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	DV	☒ DELETE
NAME	BLACKWELL, WILLIAM C	
STREET ADDRESS	1 E WACKER DR., STE 2500	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	DT	☐ DELETE
NAME	KRIKORIAN, MELANIE S	
STREET ADDRESS	1 E WACKER DR., STE 2500	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	DPAS	☐ DELETE
NAME	MUNRO, ROBERT F JR	
STREET ADDRESS	1 E WACKER DR., STE 2500	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
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 ☐ Change ☐ Addition
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 ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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******8.75 ******8.75

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ✓ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT F. MUNRO JR. PRESIDENT

6-7-96 Date
312-828-9480 Daytime Phone #