

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

APPROVED
AND
FILED

96 JUN 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortmann Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003288 (6)**

1. Corporation Name

UNIFIED MANAGEMENT LEASING CORP. OF FLORIDA

Principal Place of Business

**1 E WACKER DR., STE 2500 3504
CHICAGO IL 60601**

Mailing Address

**1 E WACKER DR., STE 2500 3504
CHICAGO IL 60601**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T 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

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

10. Name and Address of New Registered Agent

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, by or for person or persons designated as the registered agent

Signature, by or for Agent's registered principal (change listing)

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

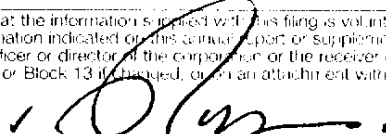
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. MUNRO JR. PRESIDENT

6-7-96 312-828-9480

File

Daytime Phone

CR2E034 (12/95)