

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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # F96000001338 (0)

1. Corporation Name
INTERNATIONAL POST LEASING CORPORATION



Principal Place of Business
545 5TH AVE
NEW YORK NY 10017

Mailing Address
545 5TH AVE
NEW YORK NY 10017-3809

3. Date Incorporated or Qualified
03/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-3872332

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 of the person named in the previous paragraph is not filed applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME IRWIN, MARTIN
STREET ADDRESS 545 5TH AVE
CITY, ST, ZIP NEW YORK NY 10017
TITLE CFOV ☐ DELETE
NAME KAPLAN, JEFFREY J
STREET ADDRESS 545 5TH AVE
CITY, ST, ZIP NEW YORK NY 10017
TITLE D ☒ DELETE
NAME KAPLAN, JEFFREY J
STREET ADDRESS 545 5TH AVE
CITY, ST, ZIP NEW YORK NY 10017
TITLE DVST ☐ DELETE
NAME STRACK, GARY R
STREET ADDRESS 545 5TH AVE
CITY, ST, ZIP NEW YORK NY 10017
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY, ST, ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Executive Vice President ☒ Change ☐ Addition
2.2 NAME Chief Financial Officer and Director
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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
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

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 in an attachment with an address.

SIGNATURE:

George Papadopoulos
George Papadopoulos
CONTROLLER

1/6/97 (212) 907-1234

Date

Daytime Phone

0003865

CR2E034 (9/96)