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FILED
Apr 21 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 # **F96000001338 (0)**

1. Corporation Name
INTERNATIONAL POST LEASING CORPORATION

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1996

2. Principal Place of Business
21 240 Pegasus Avenue
22 Suite, Apt. #, etc.
23 City & State: Northvale, NJ
24 Zip: 07647 25 Country: USA

2a. Mailing Address
26 240 Pegasus Avenue
27 Suite, Apt. #, etc.
28 City & State: Northvale, NJ
29 Zip: 07647 30 Country: USA

4. FEI Number: 13-3872332 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	President, Director	☒ Change ☐ Addition
NAME	IRWIN, MARTIN		1.2 NAME	Donald H. Buck	
STREET ADDRESS	545 5TH AVE		1.3 STREET ADDRESS	240 Pegasus Avenue	
CITY-ST-ZIP	NEW YORK NY 10017		1.4 CITY-ST-ZIP	Northvale, New Jersey 07647	
TITLE	EVP	☒ DELETE	2.1 TITLE	Vice President & CFO	☒ Change ☐ Addition
NAME	KAPLAN, JEFFREY J		2.2 NAME	Steven G. Crane	
STREET ADDRESS	545 5TH AVE		2.3 STREET ADDRESS	240 Pegasus Avenue	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	Northvale, New Jersey 07647	
TITLE	CFOD	☒ DELETE	3.1 TITLE	Vice President & CAO, Director	☐ Change ☒ Addition
NAME	KAPLAN, JEFFREY J		3.2 NAME	240 Pegasus Avenue	
STREET ADDRESS	545 5TH AVE		3.3 STREET ADDRESS	Northvale, New Jersey 07647	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	DVST	☒ DELETE	4.1 TITLE	Secretary, Director	☒ Change ☐ Addition
NAME	STRACK, GARY R		4.2 NAME	Edward L. Shendell	
STREET ADDRESS	545 5TH AVE		4.3 STREET ADDRESS	240 Pegasus Avenue	
CITY-ST-ZIP	NEW YORK NY 10017		4.4 CITY-ST-ZIP	Northvale, New Jersey 07647	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Edward L. Shendell, Secretary 4/16/98 201-767-1000