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Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90002 032 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005477

1. Corporation Name
CITIZENS BANC LEASING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: PO BOX 16468, LOUISVILLE KY 40256-0368
Mailing Address: PO BOX 16468, LOUISVILLE KY 40256-0368

3. Date Incorporated or Qualified: 10/22/1996
4. FEI Number: 61-1305389
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CD NAME: NESTRICK, DWIGHT STREET ADDRESS: 208 N MAIN ST CITY-ST-ZIP: HENDERSON KY	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: PD NAME: OZBUN, DAVID M STREET ADDRESS: 4040 DIXIE HWY CITY-ST-ZIP: LOUISVILLE KY 40216	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: VD NAME: SULLIVAN, PATRICK STREET ADDRESS: 960 BRECKINRIDGE LANE CITY-ST-ZIP: LOUISVILLE KY 40207	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: SD NAME: SPRUILL, JOHN R STREET ADDRESS: 20 NW 3RD ST CITY-ST-ZIP: EVANSVILLE IN	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: T NAME: ALLEY, RALPH STREET ADDRESS: 20 NW THIRD ST CITY-ST-ZIP: EVANSVILLE IN 47739	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: D NAME: VIAR, DAVID STREET ADDRESS: 20 NW 3RD ST CITY-ST-ZIP: EVANSVILLE IN	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Ralph L. Alley, TRCAS 1/20/99 (812) 452-3583
DATE: _____ DAYTIME PHONE # _____

CR2E034 (11/98)