

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006431 (8)**

1. Corporation Name
NEWCOURT INSURANCE SERVICES, INC.



Principal Place of Business BANK 1 TWR #300 111 MONUMENT CIR INDIANAPOLIS IN 46204-5187	Mailing Address BANK 1 TWR #300 111 MONUMENT CIR INDIANAPOLIS IN 46204-5187
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1996		3a. Date of Last Report	
4. FEI Number 35-1994801		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 BANK 1 TWR #2700 Suite, Apt. #, etc. 22 111 MONUMENT CIRCLE City & State 23 INDIANAPOLIS, IN Zip Country 24 46204 25		2a. Mailing Address 26 BANK 1 TWR #2700 Suite, Apt. #, etc. 27 111 MONUMENT CIRCLE City & State 28 INDIANAPOLIS, IN Zip Country 29 46204 30	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300		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: signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAUERNIG, DANIEL ALBERT	1.2 NAME	
STREET ADDRESS	BCE PL, 181 BAY ST #3500	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5J-2T3	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMJI, AZIZ A	2.2 NAME	
STREET ADDRESS	BCE PL, 181 BAY ST #3500	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5J-2T3	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, ROBERT J	3.2 NAME	
STREET ADDRESS	111 MONUMENT CIR #300 2700	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILBURN, MELISSA M	4.2 NAME	
STREET ADDRESS	111 MONUMENT CIR #300 2700	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, BRIAN F	5.2 NAME	
STREET ADDRESS	856 BROMPTON CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA 30244	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *[Signature]* 8/15/97 12/12/97 422

CR2E034 (4/97)