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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000930 (4)

1. Corporation Name

NATIONSBANC LEASING AND FINANCE CORPORATION

Principal Place of Business

101 SOUTH TRYON STREET
ATTN: CORP. TAX
CHARLOTTE NC 28255

Mailing Address

101 SOUTH TRYON STREET
ATTN: CORP. TAX
CHARLOTTE NC 28255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

58-1745023

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

2. 401 N TRYON ST NC1-021-03-09
21. CHARLOTTE NC 28266

2a. 401 N TRYON ST NC1-021-03-09
26. CHARLOTTE NC 28266

City & State

City & State

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, F B
STREET ADDRESS NATION 401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP ATLANT CHARLOTTE NC 28255

TITLE EVD
NAME PIERSON, ELMER F
STREET ADDRESS 2300 NORTHLAKE CENTRE DR.
CITY-ST-ZIP TUCKER GA 30084

TITLE DV
NAME KELL, J W
STREET ADDRESS 2300 NO 401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP TUCKER CHARLOTTE NC 28255

TITLE EVD
NAME GEIST, JOHN G
STREET ADDRESS 101 S. TRYON ST.
CITY-ST-ZIP CHARLOTTE NC 28255-0001

TITLE VAS
NAME SHAW, JAMES T JR
STREET ADDRESS 101 SOUTH TRYON ST.
CITY-ST-ZIP CHARLOTTE NC 28255-0001

TITLE VT
NAME HAGEN, ANTHONY M
STREET ADDRESS 2300 NORTHLAKE CENTRE DR.
CITY-ST-ZIP TUCKER GA 30084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE

CF2E034 (10/97)