

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0526739

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90073 027 ***150.00

DOCUMENT # F97000001438

1. Corporation Name
CAC LEASING, INC.



Principal Place of Business
**25505 W 12 MILE RD #3000
SOUTHFIELD MI 48034-8339**

Mailing Address
**P O BOX 5142
SOUTHFIELD MI 48086
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

38-3307332

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	DT	<input type="checkbox"/> DELETE
NAME	BUSK, DOUGLAS W	
STREET ADDRESS	25505 W 12 MILE ROAD, #3000	
CITY-ST-ZIP	SOUTHFIELD MI 48034-8339	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, JOHN P	
STREET ADDRESS	25505 W 12 MILE ROAD, #3000	
CITY-ST-ZIP	SOUTHFIELD MI 48034-8339	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROBERTS, BRETT A	
STREET ADDRESS	25505 W 12 MILE RD #3000	
CITY-ST-ZIP	SOUTHFIELD MI 48034-8339	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Cavanaugh, John P.
2.4 CITY-ST-ZIP	25505 W. 12 Mile Road, #3000
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CFO and Director
3.3 STREET ADDRESS	Roberts, Brett A.
3.4 CITY-ST-ZIP	25505 W. 12 Mile Road, #3000
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	President and Director
4.3 STREET ADDRESS	Donald A. Foss
4.4 CITY-ST-ZIP	25505 W. 12 Mile Road, #3000
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

248-353-2700

Daytime Phone #

CR2E034 (11/98)