

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90017 041 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *F97000002836*

1. Corporation Name

TEAM FLEET FINANCING CORPORATION

Principal Place of Business 5851 lewis rd sandston, va 23150	Mailing Address 4225 NAPERVILLE ROAD LISLE IL 60532
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\* 4 9 8 6 2 9 - 9 0 0 1 7 - 4 1 \*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4225 Naperville Road Suite, Apt. #, etc. 22 City & State 23 Lisle, IL Zip 24 60532		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Dupage		3. Date Incorporated or Qualified 5/30/1997	
		4. FEI Number 59-3242422		Applied For 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 the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation Systems  
1200 SO Pine Island Road  
Plantation, FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Sanford	1.2 NAME	
STREET ADDRESS	5851 Lewis Road	1.3 STREET ADDRESS	
CITY - ST - ZIP	Sandston, VA 23150	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Condon	2.2 NAME	
STREET ADDRESS	5851 Lewis Road	2.3 STREET ADDRESS	
CITY - ST - ZIP	Sandston, VA 23150	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy, John	3.2 NAME	
STREET ADDRESS	5851 Lewis Road	3.3 STREET ADDRESS	
CITY - ST - ZIP	Sandston, VA 23150	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norwalk, Don	4.2 NAME	
STREET ADDRESS	5881 Lewis Road	4.3 STREET ADDRESS	
CITY - ST - ZIP	Sandston, VA 23150	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy, John	5.2 NAME	
STREET ADDRESS	5851 Lewis Road	5.3 STREET ADDRESS	
CITY - ST - ZIP	Sandston, VA 23150	5.4 CITY - ST - ZIP	
TITLE		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 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:

*Jeffery E Olsberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 630-955-7326

Date

Daytime Phone #