

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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1998**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000005920 (0)**  
 1. Corporation Name  
**CRESTAR LEASING CORPORATION**



Principal Place of Business: **120 E. BALTIMORE ST., 23RD FL. BALTIMORE MD 21202**  
 Mailing Address: **120 E. BALTIMORE ST., 23RD FL. BALTIMORE MD 21202**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>54-0904325</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				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 607.1505, 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKEW, DANIEL</b>	1.2 NAME	
STREET ADDRESS	<b>120 E. BALTIMORE ST., 23RD FL.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>120 E. BALTIMORE ST., 23RD FL.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ASD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIGSBY, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>919 E. MAIN ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND VA 23219</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKIS, THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>919 E. MAIN ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND VA 23219</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRISH, OSCAR H JR.</b>	5.2 NAME	
STREET ADDRESS	<b>919 E. MAIN ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND VA 23219</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, DAVID M SR.</b>	6.2 NAME	
STREET ADDRESS	<b>919 E. MAIN ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND VA 23219</b>	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: Daniel McKew, President 2/9/98 410-986-1769

CR2E034 (10/97)