

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

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90134 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000000962**

1. Corporation Name
PNC LEASING CORP



Principal Place of Business: ONE PNC PLAZA, 21ST FL, 249 FIFTH AVENUE, PITTSBURGH PA 15222

Mailing Address: ONE PNC PLAZA, 21ST FL, 249 FIFTH AVENUE, PITTSBURGH PA 15222

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Two PNC Plaza 13th FL		26 Two PNC Plaza 13th FL		02/19/1998	
22 Suite, Apt. #, etc. 620 Liberty Ave.		27 Suite, Apt. #, etc. 620 Liberty Ave.		4. FEI Number 25-1354277	
23 City & State Pittsburgh, PA		28 City & State Pittsburgh, PA		Applied For Not Applicable	
24 Zip 15265		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 15265		30 Country USA		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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIGHEN, JAMES W	1.2 NAME	
STREET ADDRESS	249 FIFTH AVENUE 21ST FL	1.3 STREET ADDRESS	620 Liberty Ave.
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	Pittsburgh, PA 15265
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, RALPH S	2.2 NAME	
STREET ADDRESS	249 FIFTH AVENUE 21ST FL	2.3 STREET ADDRESS	620 Liberty Ave.
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	Pittsburgh, PA 15265
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, WILLIAM E	3.2 NAME	
STREET ADDRESS	249 FIFTH AVENUE 21ST FL	3.3 STREET ADDRESS	620 Liberty Ave.
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	Pittsburgh, PA 15265
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, BRUCE E	4.2 NAME	
STREET ADDRESS	249 FIFTH AVENUE 21ST FL	4.3 STREET ADDRESS	620 Liberty Ave.
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	Pittsburgh, PA 15265
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS SR, LYNN F	5.2 NAME	John Calman
STREET ADDRESS	249 FIFTH AVENUE 21ST FL	5.3 STREET ADDRESS	620 Liberty Ave.
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	Pittsburgh, PA 15265
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRISON, DALE F	6.2 NAME	
STREET ADDRESS	249 FIFTH AVENUE 21ST FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

3/10/99

CR2E034 (11/98)