

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

1999

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 003 ***300.00

DOCUMENT # F98000003397

1. Corporation Name

STSC LEASING CORPORATION

Principal Place of Business

250 PIEDMONT AVE., MAIL CODE 4023
ATLANTA GA 30308

Mailing Address

250 PIEDMONT AVE., MAIL CODE 4023
ATLANTA GA 30308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

58-2392664

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

THORPE, JANET C
200 S. ORANGE AVE.
ORLANDO FL 32801

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 C
NAME SPIEGEL, JOHN W
STREET ADDRESS 303 PEACHTREE ST., NE, MAIL CODE 645
CITY-ST-ZIP ATLANTA GA 30308

DELETE

TITLE D
NAME CLAY, JOHN W JR.
STREET ADDRESS 201 FOURTH AVE. N
CITY-ST-ZIP NASHVILLE TN 37244

DELETE

TITLE D
NAME COORDS, ROBERT H
STREET ADDRESS 501 E. LAS OLAS BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

DELETE

TITLE D
NAME HOEPNER, THEODORE J
STREET ADDRESS 200 S. ORANGE AVE., MAIL CODE 1065
CITY-ST-ZIP ORLANDO FL 32801

DELETE

TITLE D
NAME LONG, ROBERT R
STREET ADDRESS 25 PARK PL., NE, MAIL CODE 445
CITY-ST-ZIP ATLANTA GA 30303

DELETE

TITLE DCEO
NAME WHITEHEAD, ROBERT C
STREET ADDRESS 250 PIEDMONT AVE., 21ST FL.
CITY-ST-ZIP ATLANTA GA 30308

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCEO
1.2 NAME Tilghman, Richard G.
1.3 STREET ADDRESS 919 E. Main Street, 23rd Floor
1.4 CITY-ST-ZIP Richmond, VA 23219

Change Addition

2.1 TITLE S
2.2 NAME Justice, Jamie
2.3 STREET ADDRESS 250 Piedmont Ave
2.4 CITY-ST-ZIP Atlanta GA 30302

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Jamie Justice
JAMIE JUSTICE

2/19/99

404/827-6097

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #