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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90016 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000005822**

1. Corporation Name
COLONIAL PACIFIC LEASING CORPORATION



Principal Place of Business
**13010 SW 68TH PKWY
 PORTLAND OR 97223**

Mailing Address
**13010 SW 68TH PKWY
 PORTLAND OR 97223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1998

4. FEI Number
APPLIED FOR

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
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLEINMAN, DAVID	
STREET ADDRESS	13010 SW 68TH PARKWAY	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUDSON, G K	
STREET ADDRESS	13010 SW 68TH PARKWAY	
CITY-ST-ZIP	PORTLAND OR	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, KEITH H	
STREET ADDRESS	13010 SW 68TH PARKWAY	
CITY-ST-ZIP	PORTLAND OR	
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	ASST TREASURER - TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN AMATO	
1.3 STREET ADDRESS	260 Long Ridge Road	
1.4 CITY-ST-ZIP	Stamford, CT 06927	
2.1 TITLE	ASST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES ADLER	
2.3 STREET ADDRESS	55 FEDERAL ROAD	
2.4 CITY-ST-ZIP	DANBURY, CT 06810	
3.1 TITLE	Vice President Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeffery Hyde	
3.3 STREET ADDRESS	260 Long Ridge Rd	
3.4 CITY-ST-ZIP	Stamford CT 06927	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 OF JOHN AMATO 4/28/99 **203-357-4544**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)