

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:57

DOCUMENT # H13406

(4)

1. Corporation Name
NEWCOURT, INC.

Principal Place of Business
% ARNOLD R. DELORENZO
92 CHARLOTTE STREET
ST. AUGUSTINE FL 32084

Mailing Address
% ARNOLD R. DELORENZO
92 CHARLOTTE STREET
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/19/1984
3a. Date of Last Report 03/10/1994
4. FEI Number 50-2432615
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

DELORENZO, ARNOLD R.
92 CHARLOTTE STREET
ST. AUGUSTINE FL 32084

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 of Agent for previous term, if registered agent and then 1 application

Signature of Registered Agent (signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DELORENZO, ARNOLD R.
STREET ADDRESS 20 OCEAN WAY
CITY ST ZIP ST. AUGUSTINE FL
TITLE D
NAME DELORENZO, DAVID A.
STREET ADDRESS 2381 STAFFORD RD
CITY ST ZIP THOUSAND OAKS CA
TITLE D
NAME QUINNEY, THEODORE W., JR.
STREET ADDRESS 703 POPE ROAD
CITY ST ZIP ST. AUGUSTINE FL
TITLE D
NAME DAVIS, CHARLES L.
STREET ADDRESS 279 ST. GEORGE STREET
CITY ST ZIP ST. AUGUSTINE FL
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Arnold R. DeLorenzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95 (P.D. 804-4500)