FILE NOW: Fee after May 1, will be \$588.75

FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT 97 FEB 21 AM 10: 52 Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCUMENT #_{M95000000238} of Limited Liability Company 1a. Principal Place of Business Address AUTOTECH LEASING AMERICA, LLC, L.C. 337 EAST 64TH STREET B37 EAST 64TH STREET NEW YORK NY 10021 NEW YORK NY 10021 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/09/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 3-3840354 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Bequired 03/04/1996 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title City, State and Zip Code Managing Members/Managers **Business Street Address** MGRM WAGENBLAST, THEODORE C 337 EAST 64TH STREET NEW YORK NY MGRM CHAPMAN, RICHARD 337 EAST 64TH STREET WEW YORK NY 400002096874---02/25/97--01096--007 ****203.75 ****203.75 11. I do hereby certify that the information supplied with this Hing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

HEEDONE WAGHILL

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: