

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northard</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003866 (1)**

1. Corporation Name

**U.S. CORRECTIONS LEASING COMPANY, INC.**



Principal Place of Business <b>%COBB-COLE &amp; BELL- 131 NORTH GADSDEN STREET TALLAHASSEE FL 32301</b>	Mailing Address <b>%COBB-COLE &amp; BELL- 131 NORTH GADSDEN STREET TALLAHASSEE FL 32301</b>
<b>Pennington, Moore,</b>	<b>Pennington, Moore,</b>

2. Principal Place of Business <b>21 Wilkinson, Bell &amp; Dunbar</b> Suite, Apt. #, etc. <b>22 215 South Monroe St.</b> City & State <b>23 Tallahassee, FL 32301</b> Zip <b>24</b>	2a. Mailing Address <b>26 Wilkinson, Bell &amp; Dunbar</b> Suite, Apt. #, etc. <b>27 215 South Monroe St.</b> City & State <b>28 Tallahassee, FL 32301</b> Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>08/25/1993</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number <b>61-1278470</b>	Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BELL, SAMUEL P</b> <b>% COBB-COLE &amp; BELL c/o Pennington, Moore,</b> <b>131-N GADSDEN ST Wilkinson, Bell &amp; Dunbar</b> <b>TALLAHASSEE FL 32301 215 South Monroe St.</b> <b>Tallahassee, FL 32301</b>
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10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL 85 Zip Code</b>
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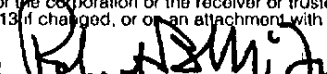
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT THOMPSON, MILTON</b> <b>2500 SEVENTH STREET</b> <b>LOUISVILLE KY 40208</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD HARBIN, GARY</b> <b>2500 SEVENTH STREET</b> <b>LOUISVILLE KY 40208</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD RIEGLER, HANK</b> <b>5001 LAKEFRONT DR., UNIT K1</b> <b>TALLAHASSEE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>C/D Milton D. Thompson</b> <b>2500 7th Street</b> <b>Louisville, KY 40208</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>P/D Robert B. McQueen</b> <b>2500 7th Street</b> <b>Louisville, KY 40208</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>Chief Financial Officer/D Douglas A. Vetter</b> <b>2500 7th Street</b> <b>Louisville, KY 40208</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>Assistant Secretary Gary W. Freeland</b> <b>2500 7th Street</b> <b>Louisville, KY 40208</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>Assistant Secretary Lyda Merritt</b> <b>2500 7th Street</b> <b>Louisville, KY 40208</b>
6.1 TITLE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Robert B. McQueen, President 2-20-98 502-635-5444**

CR2E037 (10/97)