

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:39

DOCUMENT # P03078 (3)

1. Corporation Name

MANUFACTURERS HANOVER WHEELEASE, INC.

Principal Place of Business

Mailing Address

100 DUFFY VE.
HICKSVILLE NY 11801
US
2 Huntington Quad
Melville, NY
11747

100 DUFFY AVE.
HICKSVILLE NY 11801
US
2 Huntington Quad
Melville, NY
11747

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/17/1984	3a. Date of Last Report 03/23/1994
4. FEI Number 11-2674087	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

2a. Mailing Address

21 **2 Huntington Quadrangle**
Suite, Apt. #, etc.

26 **2 Huntington Quadrangle**
Suite, Apt. #, etc.

22 City & State
Melville, NY

27 City & State
Melville, NY

23 Zip
11747

24 Country
USA

28 Zip
11747

29 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 date of registration)

(Date) Registered Agent signature required when substituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	LOCKE, BARRY
STREET ADDRESS	17 HUNTINGDALE WAY
CITY, ST, ZIP	MIDDLE ISLAND, NY.
TITLE	D
NAME	FRANCILLA, THEODORE
STREET ADDRESS	1641 THIRD AVE., APT. 1K
CITY, ST, ZIP	NEW YORK NY
TITLE	P
NAME	URSO, ANTHONY S
STREET ADDRESS	300 JERICHO QUADRANGLE
CITY, ST, ZIP	JERICHO NY 11753
TITLE	VD
NAME	SIMONE, JOHN JR.
STREET ADDRESS	8 DOVER HILL DRIVE
CITY, ST, ZIP	NESCONSET NY
TITLE	T
NAME	MUELLER, JOANNE
STREET ADDRESS	27 ROSALIE PLACE
CITY, ST, ZIP	COMMACK NY
TITLE	S
NAME	CARROLL, ROBERT
STREET ADDRESS	10 WHITTIER ST.
CITY, ST, ZIP	HARTSDALE NY

1. TITLE	PD	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		☒ Change ☐ Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		☒ Change ☒ Addition
9. TITLE	D	
10. NAME	Angello, Frank	
11. STREET ADDRESS	305 Clearmeadow Drive	
12. CITY, ST, ZIP	EAST Meadow, NY 11554	☒ Change ☒ Addition
13. TITLE	V	
14. NAME	Degen, Bruno	
15. STREET ADDRESS	9 Fairfield Terrace	
16. CITY, ST, ZIP	West Nyack, NY 10994	☒ Change ☒ Addition
17. TITLE	T	
18. NAME	Seyler, Margaret	
19. STREET ADDRESS	32 Birch Street	
20. CITY, ST, ZIP	Islip, NY 11751	☐ Change ☐ Addition
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. 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)(b), 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.

SIGNATURE:

Margaret Seyler Margaret Seyler 3/20/95 (516) 934-2205