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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P03078 (3)

1. Corporation Name
MANUFACTURERS HANOVER WHEELEASE, INC.

Principal Place of Business
2 HUNTINGTON QUADRANGLE
MELVILLE NY 11747
US

Mailing Address
2 HUNTINGTON QUADRANGLE
MELVILLE NY 11747-4501
US

3. Date Incorporated or Qualified 08/17/1984
3a. Date of Last Report 04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LOCKE, BARRY
STREET ADDRESS 17 HUNTINGDALE WAY
CITY-ST-ZIP MIDDLE ISLAND, NY. ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BIRNBARN, ROBERT
STREET ADDRESS 1997 LIONEL LANE
CITY-ST-ZIP MERRICK NY 11566 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ANGELLO, FRANK
STREET ADDRESS 305 CLEARMEADOW DR
CITY-ST-ZIP EAST MEADOW NY ☒ DELETE

3.1 TITLE D
3.2 NAME Joseph, L. Frieri
3.3 STREET ADDRESS 450 W. 33rd St.
3.4 CITY-ST-ZIP New York, NY 10001 ☐ Change ☒ Addition

TITLE V
NAME FERRARO, RONALD
STREET ADDRESS 289 RIBBON ST.
CITY-ST-ZIP FRANKLIN SQUARE NY 11010 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SEYLER, MARGARET
STREET ADDRESS 32 BIRCH STREET
CITY-ST-ZIP ISLIP NY ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME CARROLL, ROBERT
STREET ADDRESS 10 WHITTIER ST.
CITY-ST-ZIP HARTSDALE NY ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Margaret Seyler 4/9/97

CR2E034 (9/96)