

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07041 (7)  
1. Corporation Name  
LEASEAMERICA CORPORATION

Principal Place of Business  
4333 EDGEWOOD RD., N E  
P.O. BOX 8109  
CEDAR RAPIDS IA 52499  
US

Mailing Address  
DEPT. 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06827-9621  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1985	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 42-0815477	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 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	P REESE, TIMOTHY J 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS IA	11. TITLE	AGM TREAS - TAXES
NAME		12. NAME	GARY J. SCHULMAN
STREET ADDRESS		13. STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP		14. CITY-ST-ZIP	Stamford CT 06929
TITLE	CD MANN, THOMAS 65 FEDERAL RD DANBURY CT	2.1. TITLE	
NAME		2.2. NAME	
STREET ADDRESS		2.3. STREET ADDRESS	
CITY-ST-ZIP		2.4. CITY-ST-ZIP	
TITLE	V BRASSER, WILLIAM J 55 FEDERAL RD DANBURY CT	3.1. TITLE	
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	V BRENNAN, WILLIAM H 777 LONG RIDGE RD STAMFORD CT	4.1. TITLE	
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-ST-ZIP		4.4. CITY-ST-ZIP	
TITLE	CPT HYDE, JEFFREY L 260 LONG RIDGE RD. STAMFORD CT	5.1. TITLE	
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-ST-ZIP		5.4. CITY-ST-ZIP	
TITLE	T MCMILLAN, KATHLEEN 55 FEDERAL RD DANBURY CT	6.1. TITLE	
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thy...* *G. J. Schulman* 4-27-98 203-357-4544

CR2E034 (10/97)