

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

FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P08486** (3)
1. Corporation Name
CHRYSLER COMMERCIAL LEASING CORPORATION

Principal Place of Business 225 HIGH RIDGE ROAD STAMFORD CT 06905	Mailing Address 225 HIGH RIDGE ROAD STAMFORD CT 06905
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1985	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 38-1847852	Applied For ☐ Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	NEPTUNE, RICHARD G	1.2 NAME	
STREET ADDRESS	225 HIGH RIDGE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, WILLIAM	2.2 NAME	
STREET ADDRESS	225 HIGH RIDGE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	2.4 CITY - ST - ZIP	
TITLE	VPC	3.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, MICHAEL O.	3.2 NAME	
STREET ADDRESS	225 HIGH RIDGE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, RUBEN	4.2 NAME	
STREET ADDRESS	225 HIGH RIDGE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	4.4 CITY - ST - ZIP	
TITLE	VPS	5.1 TITLE	☐ Change ☐ Addition
NAME	COZART, R. M.	5.2 NAME	
STREET ADDRESS	225 HIGH RIDGE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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:

Signature typed or printed name of signing officer or director

CR2E034 (10/97)