

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

PROFIT
CORPORATION
ANNUAL REPORT,
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90029 038 ***150.00

DOCUMENT # P09022

1. Corporation Name
NBD LEASING, INC.

Principal Place of Business
ONE INDIANA SQUARE #1017
INDIANAPOLIS IN 46266

Mailing Address
ONE FIRST NATIONAL PLAZA
SUITE 0308
CHICAGO IL 60670
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1986

4. FEI Number

35-1270542

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 CDP ☒ DELETE
NAME TINSLEY, EDWARD
STREET ADDRESS ONE INDIANA SQUARE
CITY-ST-ZIP INDIANAPOLIS IN

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME NO CURRENT CHAIRMAN OR PRESIDENT
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME VANCE, STEVEN D
STREET ADDRESS ONE INDIANA SQUARE
CITY-ST-ZIP INDIANAPOLIS IN

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME IZZO, ROBERT J.
2.3 STREET ADDRESS ONE FIRST NATIONAL PLAZA, SUITE 0308
2.4 CITY-ST-ZIP CHICAGO, IL. 60670-0308

TITLE T ☐ DELETE
NAME JETT, SUSAN E
STREET ADDRESS ONE INDIANA SQUARE
CITY-ST-ZIP INDIANAPOLIS IN

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VS ☒ DELETE
NAME SCHNEIDER, ROBERT E.
STREET ADDRESS ONE INDIANA SQUARE
CITY-ST-ZIP INDIANAPOLIS IN

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME CSERNITS, JACK J.
4.3 STREET ADDRESS ONE FIRST NATIONAL PLAZA, SUITE 0308
4.4 CITY-ST-ZIP CHICAGO IL 60670-0308

TITLE V ☒ DELETE
NAME PEDERSEN, DAVID A
STREET ADDRESS ONE INDIANA SQUARE
CITY-ST-ZIP INDIANAPOLIS IN

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME AT WIFE, CLARK J.
5.3 STREET ADDRESS ONE FIRST NATIONAL PLAZA, SUITE 0308
5.4 CITY-ST-ZIP CHICAGO IL 60670-0308

TITLE S ☐ DELETE
NAME LINTON, CAROL (ASST)
STREET ADDRESS ONE INDIANA SQUARE
CITY-ST-ZIP INDIANAPOLIS IN

6.1 TITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLARK J. WIFE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/99

Daytime Phone #

312 407-8120

0551085

CR2E034 (11/98)