

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P09823 (6)
1. Corporation Name
FIGGIE LEASING CORPORATION

Principal Place of Business Mailing Address
4420 SHERWIN ROAD 4420 SHERWIN ROAD
WILLOUGHBY OH 44094 WILLOUGHBY OH 44094

3. Date Incorporated or Qualified 04/17/1986 3a. Date of Last Report 04/25/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 58-1598807 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

24 25 29 30 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SUBEL, RICAHRD J. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBEL, RICAHRD J.	1.2 NAME	See Schedule Attached
STREET ADDRESS	4420 SHERWIN RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOUGHBY OH	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTHUN, LUTHER A.	2.2 NAME	
STREET ADDRESS	4420 SHERWIN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOUGHBY OH	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYER, JAMES, L	3.2 NAME	
STREET ADDRESS	4420 SHERWIN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOUGHBY OH	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, JAMES M.	4.2 NAME	
STREET ADDRESS	4420 SHERWIN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOUGHBY OH	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, CHERI A.	5.2 NAME	
STREET ADDRESS	8478 SEATON PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MENTOR OH	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(3)(k), 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: JAMES M SCHULTE - TREAS 4/2/96 216-953-2861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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FIGGIE LEASING CORPORATION
List of Officers and Directors

OFFICERS

President & Secretary	Douglas Dimond	27909 Marquette Blvd North Olmsted, OH 44070
Assistant Treasurer	James L. Byer	31900 Farm Drive Solon, OH 44139
Treasurer	James M. Schulte	1055 S. Hametown Copley, OH 44321
Assistant Secretary	Cheri A. Costello	8478 Seaton Place Mentor, OH 44060
Assistant Secretary	Robert D. Vilsack	8240 Tewksbury Lane Concord Twp., OH 44077

DIRECTORS

Steven Siemborski 1440 Chagrin River Road Gates Mills, OH 44070	John P. Reilly 644 Spruce Lane Lake Forest, IL 60045	Doug Dimond 27909 Marquette Blvd North Olmsted, OH 44070
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