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May 08 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 # **P09823** (6)
1. Corporation Name

FIGGIE LEASING CORPORATION

Principal Place of Business

4420 SHERWIN ROAD
WILLOUGHBY OH 44094

Mailing Address

4420 SHERWIN ROAD
WILLOUGHBY OH 44094-7938

3. Date Incorporated or Qualified **04/17/1986**	**3a.** Date of Last Report **04/16/1996**

4. FEI Number **58-1598807**	Applied For / Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

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

CT CORPORATION SYSTEM
1200 S. 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 *David J Rega*

(Signature typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	DELETE	**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change / Addition
TITLE **PS**	☐ DELETE	1.1 TITLE **PTD**	☒ Change ☐ Addition
NAME **DIMOND, DOUGLAS**		1.2 NAME	
STREET ADDRESS **27909 MARQUETTE BLVD**		1.3 STREET ADDRESS	
CITY-ST-ZIP **NORTH OLMSTED OH**		1.4 CITY-ST-ZIP	
TITLE **S**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **VILSACK, ROBERT D.**		2.2 NAME	
STREET ADDRESS **8240 TEWKSBURY LANE**		2.3 STREET ADDRESS	
CITY-ST-ZIP **CONCORD TWP. OH**		2.4 CITY-ST-ZIP	
TITLE **AT**	☒ DELETE	3.1 TITLE **AT**	☐ Change ☒ Addition
NAME **BYER, JAMES, L**		3.2 NAME **Michael R Siedler**	
STREET ADDRESS **4420 SHERWIN ROAD**		3.3 STREET ADDRESS **4420 Sherwin Road**	
CITY-ST-ZIP **WILLOUGHBY OH**		3.4 CITY-ST-ZIP **Willoughby, Ohio 44094**	
TITLE **AT**	☒ DELETE	4.1 TITLE **AT**	☐ Change ☒ Addition
NAME **SCHULTE, JAMES M.**		4.2 NAME **David J Rega**	
STREET ADDRESS **4420 SHERWIN ROAD**		4.3 STREET ADDRESS **4420 Sherwin Road**	
CITY-ST-ZIP **WILLOUGHBY OH**		4.4 CITY-ST-ZIP **Willoughby, Ohio 44094**	
TITLE **AS**	☒ DELETE	5.1 TITLE **D**	☐ Change ☒ Addition
NAME **COSTELLO, CHERI A.**		5.2 NAME **William J Sickman**	
STREET ADDRESS **8478 SEATON PLACE**		5.3 STREET ADDRESS **4420 Sherwin Road**	
CITY-ST-ZIP **MENTOR OH**		5.4 CITY-ST-ZIP **Willoughby, Ohio 44094**	
TITLE **D**	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME **SIEMBORSKI, STEVEN**		6.2 NAME	
STREET ADDRESS **1440 CHAGRIN RIVER ROAD**		6.3 STREET ADDRESS	
CITY-ST-ZIP **GATES MILLS OH**		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: David J Rega X *David J Rega* — 04/11/97 — 216-953-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #