

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 16 AM 8:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P15761

(0)

1. Corporation Name

CHRYSLER SYSTEMS LEASING INC.

Principal Place of Business

Mailing Address

**1 TOWER LANE, #2000
OAKBROOK TERRACE IL 60181**

**1 TOWER LANE, #2000
OAKBROOK TERRACE IL 60181**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

36-2958937

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now 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 the applicant

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NELSON, MICHAEL L.
STREET ADDRESS	1 TOWER LANE, #2000
CITY - ST - ZIP	OAKBROOK TERRACE IL
TITLE	S
NAME	ANNIS, ELINOR G.
STREET ADDRESS	1 TOWER LANE, #2000
CITY - ST - ZIP	OAKBROOK TERRACE IL
TITLE	VDT
NAME	ZARCONI, DONNA
STREET ADDRESS	1 TOWER LANE, #2000
CITY - ST - ZIP	OAKBROOK TERRACE IL
TITLE	V
NAME	PATTERSON, DEBORAH A.
STREET ADDRESS	1 TOWER LANE #2000
CITY - ST - ZIP	OAKBROOK TERRACE IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	John, Robert W.	
13 STREET ADDRESS	One Tower Lane, Suite 2000	
14 CITY - ST - ZIP	Oakbrook Terrace, IL 60181	☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	V	☒ Change ☐ Addition
32 NAME	Kamp, Bruce I.	
33 STREET ADDRESS	One Tower Lane, Suite 2000	
34 CITY - ST - ZIP	Oakbrook Terrace, IL 60181	
41 TITLE	V	☒ Change ☐ Addition
42 NAME	Fisher, Kenneth S.	
43 STREET ADDRESS	One Tower Lane, Suite 2000	
44 CITY - ST - ZIP	Oakbrook Terrace, IL 60181	
51 TITLE	D	☐ Change ☒ Addition
52 NAME	Forese, James J.	
53 STREET ADDRESS	290 Harbor Dr.	
54 CITY - ST - ZIP	Stamford, CT 06905	
61 TITLE	D	☐ Change ☒ Addition
62 NAME	Kisbert, Kimberly A.	
63 STREET ADDRESS	290 Harbor Dr.	
64 CITY - ST - ZIP	Stamford, CT 06905	

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, as changed, or on an attachment with an address.

SIGNATURE:

Elinor G. Annis

Elinor G. Annis, Secretary

5/9/95

(708) 716-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number