

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

FILED

May 06 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 # P18548 (8)  
1. Corporation Name  
GELCO EQUIPMENT LEASING COMPANY OF DELAWARE



Principal Place of Business  
260 LONG RIDGE ROAD  
P.O. BOX 8109  
STAMFORD CT 06827

Mailing Address  
DEPT. 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06827-1600

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/24/1988   | 3a. Date of Last Report<br>04/14/1996 |
| 4. FEI Number<br>41-1600163   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH 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   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|----------------------------|-----------------------|---|--------------------|
| TITLE                      | VD                    | 1.1 TITLE   | YR TAXES           |
| NAME                       | FANELLI, THOMAS       | 1.2 NAME  | Jeffrey L Hyde     |
| STREET ADDRESS             | 44 OLD RIDGEBURY ROAD | 1.3 STREET ADDRESS                                    | 260 Long Ridge Rd  |
| CITY-ST-ZIP                | DANBURY CT            | 1.4 CITY-ST-ZIP                                       | Stamford, CT 06927 |
| TITLE                      | TD                    | 2.1 TITLE   |                    |
| NAME                       | SMITH, J GORDON       | 2.2 NAME  |                    |
| STREET ADDRESS             | 44 OLD RIDGEBURY ROAD | 2.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | DANBURY CT            | 2.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | S                     | 3.1 TITLE   |                    |
| NAME                       | THOMAS, KELLY S.      | 3.2 NAME  |                    |
| STREET ADDRESS             | 44 OLD RIDGEBURY ROAD | 3.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | DANBURY CT            | 3.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | PD                    | 4.1 TITLE   |                    |
| NAME                       | NEAL, MICHAEL A.      | 4.2 NAME  |                    |
| STREET ADDRESS             | 3303 STAMFORD SQUARE  | 4.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | STAMFORD CT           | 4.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | V                     | 5.1 TITLE   |                    |
| NAME                       | FIORE, DOMINIC A.     | 5.2 NAME  |                    |
| STREET ADDRESS             | 777 LONG RIDGE ROAD   | 5.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | STAMFORD CT           | 5.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                       | 6.1 TITLE   |                    |
| 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 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 of this report or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4-27-97 DAYTIME PHONE: 203 357-4544

CR2E034 (9/96)