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Apr 18 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 # **P21403** (1)
1. Corporation Name
AT&T SYSTEMS LEASING CORPORATION

Principal Place of Business Mailing Address
2555 TELEGRAPH RD., 3RD FLOOR
P. O. BOX 2017
BLOOMFIELD HILLS MI 48302-2017



2. Principal Place of Business 2a. Mailing Address
21 **44 WHIPPANY RD** 26 **44 WHIPPANY RD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **TAX DEPT** 27 **TAX DEPT**
City & State City & State
23 **MORRISTOWN NJ** 28 **MORRISTOWN NJ**
Zip Country Zip Country
24 **07962** 25 **USA** 29 **07962** 30 **USA**

3. Date Incorporated or Qualified **10/21/1988** 3a. Date of Last Report **04/19/1996**
4. FEI Number **38-2756450** 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
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHERNEY, EDWARD		1.2 NAME		
STREET ADDRESS	2555 TELEGRAPH RD		1.3 STREET ADDRESS		
CITY - ST - ZIP	BLOOMFIELD HILLS MI		1.4 CITY - ST - ZIP		
TITLE	CFO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUCHANSKI, KENNETH		2.2 NAME		
STREET ADDRESS	2555 TELEGRAPH RD 3RD FL		2.3 STREET ADDRESS		
CITY - ST - ZIP	BLOOMFIELD HILLS MI		2.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, GEORGE		3.2 NAME		
STREET ADDRESS	44 WHIPPANY RD.		3.3 STREET ADDRESS		
CITY - ST - ZIP	MORRISTOWN NJ		3.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DWYER, EDWARD M.		4.2 NAME		
STREET ADDRESS	44 WHIPPANY ROAD		4.3 STREET ADDRESS		
CITY - ST - ZIP	MORRISTOWN NJ		4.4 CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADELYN, LAW		5.2 NAME		
STREET ADDRESS	2555 TELEGRAPH RD. 3RD FL		5.3 STREET ADDRESS		
CITY - ST - ZIP	BLOOMFIELD HILLS MI		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAJNERT, THOMAS		6.2 NAME		
STREET ADDRESS	44 WHIPPANY ROAD		6.3 STREET ADDRESS		
CITY - ST - ZIP	MORRISTOWN NJ		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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4-10-97 201-397-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)