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Mar 10 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 # P21772 (9)

1. Corporation Name
CITIZENS LEASING CORPORATION

Principal Place of Business
ONE CITIZENS PLAZA
PROVIDENCE RI 02803-8339

Mailing Address
ONE CITIZENS PLAZA
PROVIDENCE RI 02809-1344



3. Date Incorporated or Qualified 11/15/1988
3a. Date of Last Report 05/30/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05-0350993	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH J. MARCAURELE	1.2 NAME	
STREET ADDRESS	ONE CITIZEN'S PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMICA, MARK J	2.2 NAME	
STREET ADDRESS	CITIZENS LEASING CORP, 1 CITIZENS PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISH, LAWRENCE K.	3.2 NAME	
STREET ADDRESS	CITIZENS LEASING CORP, 1 CITIZENS PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINOUR, STEPHEN D	4.2 NAME	
STREET ADDRESS	CITIZENS LEASING CORP, 1 CITIZENS PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JUDITH A.	5.2 NAME	
STREET ADDRESS	CITIZENS LEASING CORP, 1 CITIZENS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, MYLES P.	6.2 NAME	
STREET ADDRESS	CITIZENS LEASING CORP, 1 CITIZENS PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	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: Marybeth Corrente Marybeth Corrente, Vice President 401-456-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001088

CR2E034 (9/96)