

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P22175 (4)

1. Corporation Name

ASSOCIATES/TRANS-NATIONAL LEASING, INC.



Principal Place of Business

Mailing Address

250 CARPENTER FREEWAY
IRVING TX 75062

P.O. BOX 660237
CORP TAX DEPT
DALLAS TX 75266-0237
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

3. Date Incorporated or Qualified

12/19/1988

3a. Date of Last Report

04/12/1995

4. FEI Number

94-3054235

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 New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, if applicable,

NOTE: Registered Agent signature required when transferring.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, HAROLD	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY- ST- ZIP	IRVING TX	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HUGHES, JOHN	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY- ST- ZIP	IRVING TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAYES, TIMOTHY	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY- ST- ZIP	IRVING TX	
TITLE	AVS	<input type="checkbox"/> DELETE
NAME	GREENE, PATRICK	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY- ST- ZIP	IRVING TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, KEITH	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY- ST- ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LONGNECKER, CHESTER	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY- ST- ZIP	IRVING TX	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dennis J. Mandick
5.3 STREET ADDRESS	250 Carpenter Freeway
5.4 CITY- ST- ZIP	Irving, TX 75062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

Patrick J. Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. Greene, Asst. VP & Asst. Secretary

4/25/96

(214) 541-4000

Date

Daytime Phone #

CR2E034 (12/96)