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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22175

1. Corporation Name

ASSOCIATES/TRANS-NATIONAL LEASING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**250 CARPENTER FREEWAY
IRVING TX 75062**

Mailing Address

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

3. Date Incorporated or Qualified

12/19/1988

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 owes the current year tangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **PD**
NAME **MARSHALL, HAROLD**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-STATE-ZIP **IRVING TX**

TITLE **VPT**
NAME **HUGHES, JOHN**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-STATE-ZIP **IRVING TX**

TITLE **S**
NAME **HAYES, TIMOTHY**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-STATE-ZIP **IRVING TX**

TITLE **AVS**
NAME **GREENE, PATRICK**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-STATE-ZIP **IRVING TX**

TITLE **D**
NAME **DENNIS J. MANDICK**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-STATE-ZIP **IRVING TX**

TITLE **D**
NAME **LONGNECKER, CHESTER**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-STATE-ZIP **IRVING TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME **Zelka, Lawrence J.**
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME **Liskow, Frederica C.**
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME **Costas, Stephen J.**
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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 the information 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, with all other like persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ASSISTANT VICE PRESIDENT
& ASST SECRETARY**

4/19/99

CR2E034 (11/98)