

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90198 016 ***150.00

0563968

DOCUMENT # **P22281**

1. Corporation Name

NATIONAL CITY LEASING CORPORATION

Principal Place of Business
**3700 NATIONAL CITY TOWER
LOUISVILLE KY 40202
US**

Mailing Address
**3700 NATIONAL CITY TOWER
C/O DENNIE K. HURST
LOUISVILLE KY 40202
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1988

4. FEI Number

61-0978678

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 Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CPD** ☒ DELETE
NAME **BELL, JAMES R III**
STREET ADDRESS **3700 NATIONAL CITY TOWER**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **VD** ☐ DELETE
NAME **HARDIN, LEONARD V.**
STREET ADDRESS **3700 NATIONAL CITY TOWER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE **VS** ☐ DELETE
NAME **JACOBS, CURTIS M**
STREET ADDRESS **3700 NATIONAL CITY TOWER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE **VT** ☐ DELETE
NAME **SMITH, LACHLAN M.**
STREET ADDRESS **3700 NATIONAL CITY TOWER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE **V** ☐ DELETE
NAME **WITTOW, J. EDWARD**
STREET ADDRESS **101 SOUTH FIFTH STREET**
CITY-ST-ZIP **LOUISVILLE FL 40202**

TITLE **V** ☐ DELETE
NAME **CALDWELL, LARRY R**
STREET ADDRESS **155 EAST BROAD STREET**
CITY-ST-ZIP **COLUMBUS OH 43251**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Frederick W. Schantz**
1.3 STREET ADDRESS **101 South Fifth Street**
1.4 CITY-ST-ZIP **Louisville, KY 40202** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

For Signature: Katherine Harris, Secretary of State
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99 (902) 581-4309
Asst. Sec.

CR2E034 (11/98)