

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23527** (5)  
1. Corporation Name  
**LEASICO, INC.**



Principal Place of Business <b>13455 NOEL ROAD, SUITE 1100 DALLAS TX 75240</b>	Mailing Address <b>13455 NOEL ROAD, SUITE 1100 DALLAS TX 75240</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/22/1989</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>75-2149028</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODER, HEINZ			1.2 NAME	SCHONMANN, BEAT		
STREET ADDRESS	BLEICHERWEG 33			1.3 STREET ADDRESS	BLEICHERWEG 33		
CITY-ST-ZIP	8027 ZURICH, SWITZERLAND			1.4 CITY-ST-ZIP	8027 ZURICH SWITZERLAND		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFMAN, JOSEPH			2.2 NAME			
STREET ADDRESS	BLEICHERWEG 33			2.3 STREET ADDRESS			
CITY-ST-ZIP	8027 ZURICH, SWITZERLAND			2.4 CITY-ST-ZIP			
TITLE	VPST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRIEST, PAT			3.2 NAME	MILLS, ROBERT		
STREET ADDRESS	13455 NOEL ROAD, SUITE 1100			3.3 STREET ADDRESS	13455 NOEL ROAD, SUITE 1100		
CITY-ST-ZIP	DALLAS TX 75240			3.4 CITY-ST-ZIP	DALLAS, TX 75240		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MICHEL, HERBERT			4.2 NAME	BOTTA, CHARLES R.		
STREET ADDRESS	BLEICHERWEG 33			4.3 STREET ADDRESS	BLEICHERWEG 33		
CITY-ST-ZIP	8027 ZURICH, SWITZERLAND			4.4 CITY-ST-ZIP	8027 ZURICH SWITZERLAND		
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PFISTER, EDITH			5.2 NAME			
STREET ADDRESS	BLEICHERWEG 33			5.3 STREET ADDRESS			
CITY-ST-ZIP	8027 ZURICH, SWITZERLAND			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 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.

CR2E034 (10/97)