

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P25153** (8)  
1. Corporation Name  
**CHASE THIRD CENTURY LEASING COMPANY, INC.**



Principal Place of Business Mailing Address  
**C/O CHASE EQUIPMENT LEASING  
ONE CHASE SQUARE, MC-5  
ROCHESTER NY 14643  
US**

3. Date Incorporated or Qualified **07/11/1989** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **43-1437396** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

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 below of registered agent and the Approver

(NOTE: Registered Agent signature requires 1 word and last name)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE  | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PERKOWSKI, EDWARD J.</b>        | 12 NAME   |   |
| STREET ADDRESS             | <b>ONE CHASE SQUARE</b>            | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>ROCHESTER NY</b>                | 14 CITY-ST-ZIP  |   |
| TITLE                      | GA <input type="checkbox"/> DELETE | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MORAN, WILLIAM J.</b>           | 22 NAME   |   |
| STREET ADDRESS             | <b>ONE CHASE SQUARE</b>            | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>ROCHESTER NY</b>                | 24 CITY-ST-ZIP  |   |
| TITLE                      | S <input type="checkbox"/> DELETE  | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KNUTSON, DAVID H.</b>           | 32 NAME   |   |
| STREET ADDRESS             | <b>ONE CHASE SQUARE</b>            | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>ROCHESTER NY</b>                | 34 CITY-ST-ZIP  |   |
| TITLE                      | AS <input type="checkbox"/> DELETE | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BEATTIE, JOSEPH R.</b>          | 42 NAME   |   |
| STREET ADDRESS             | <b>ONE CHASE SQUARE</b>            | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>ROCHESTER NY</b>                | 44 CITY-ST-ZIP  |   |
| TITLE                      | VP <input type="checkbox"/> DELETE | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PULLEN, ELDRED B.</b>           | 52 NAME   |   |
| STREET ADDRESS             | <b>ONE CHASE SQUARE</b>            | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>ROCHESTER NY</b>                | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 62 NAME   |   |
| STREET ADDRESS             |                                    | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                    | 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/96

Original Filed

CR2E034 (3/96)