FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:25

DOCUMENT # P28418 (2)

1. Corporation Name
BEACON LEASING CORPORATION

Principal Place of Business	Mailing Address
% SEQUA CORP 3 UNIVERSITY PLAZA HACKENSACK NJ 07601	% SEQUA CORP 3 UNIVERSITY PLAZA HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 13-3339105 ☐ 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

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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	QUICKE, JOHN J.	12 NAME	
STREET ADDRESS	11 STONY HOLLOW RD	13 STREET ADDRESS	
CITY-ST-ZIP	SLATE HILL NY	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WOOARD, ALAN J	22 NAME	
STREET ADDRESS	120 SO CENTRAL AVE	23 STREET ADDRESS	
CITY ST ZIP	ST LOUIS MO	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GUTTERMAN, GERALD S.	32 NAME	
STREET ADDRESS	27 PONDFIELD PKWY	33 STREET ADDRESS	
CITY ST ZIP	MT. VERNON NY	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KRINSLY, STUART Z.	42 NAME	
STREET ADDRESS	1135 GREACEN POINT RD.	43 STREET ADDRESS	
CITY ST ZIP	MAMARONCECK NY	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	HARMON, ELLEN T.	52 NAME	
STREET ADDRESS	16 HILLANDALE RD	53 STREET ADDRESS	
CITY ST ZIP	RYE BROOK NY	54 CITY-ST-ZIP	
TITLE	~~AS~~	61 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	ADLMAN, MONROE	62 NAME	
STREET ADDRESS	33 DANTE ST	63 STREET ADDRESS	
CITY ST ZIP	LARCHMONT NY	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)(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.

SIGNATURE: Monroe Adlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONROE ADLMAN VICE PRESIDENT 3-28-95 Date 201-343-1122 Daytime Phone #

0004701 FP