

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P28418** (2)

1. Corporation Name

BEACON LEASING CORPORATION



Principal Place of Business

% SEQUA CORP
3 UNIVERSITY PLAZA
HACKENSACK NJ 07601

Mailing Address

% SEQUA CORP
3 UNIVERSITY PLAZA
HACKENSACK NJ 07601

3. Date Incorporated or Qualified

03/07/1990

3a. Date of Last Report

03/28/1995

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 their applicant

(If only Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **QUICKE, JOHN J.**
STREET ADDRESS **11 STONY HOLLOW RD**
CITY-ST-ZIP **SLATE HILL NY**

TITLE **V** ☐ DELETE
NAME **WOARD, ALAN J**
STREET ADDRESS **120 SO CENTRAL AVE**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **D** ☐ DELETE
NAME **GUTTERMAN, GERALD S.**
STREET ADDRESS **27 PONDFIELD PKWY**
CITY-ST-ZIP **MT. VERNON NY**

TITLE **D** ☐ DELETE
NAME **KRINSKY, STUART Z.**
STREET ADDRESS **1135 GREACEN POINT RD.**
CITY-ST-ZIP **MAMARONCECK NY**

TITLE **S** ☐ DELETE
NAME **HARMON, ELLEN T.**
STREET ADDRESS **18 HILLANDALE RD**
CITY-ST-ZIP **RYE BROOK NY**

TITLE **VP** ☐ DELETE
NAME **ADLMAN, MONROE**
STREET ADDRESS **33 DANTE ST**
CITY-ST-ZIP **LARCHMONT NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **WOOLARD, ALAN J.**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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

4/3/96 **620-343-1122**
Daytime Phone #

CR2E034 (12/95)