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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Country

28

Zip

Country

24

25

29

30

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

TITLE V
NAME ALAN J WOOLARD
STREET ADDRESS 120 SO CENTRAL AVE
CITY-ST-ZIP ST LOUIS MO

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

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

TITLE S
NAME HARMON, ELLEN T.
STREET ADDRESS 16 HILLDALE RD
CITY-ST-ZIP RYE BROOK NY

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE ASSISTANT TAX OFFICER
1.2 NAME MICHAEL BLICKENS DERFER
1.3 STREET ADDRESS 3 UNIVERSITY PLAZA
1.4 CITY-ST-ZIP HACKENSACK, NJ 07601

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
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

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***150.00

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.

SIGNATURE

CR2E034 (10/97)