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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P28788 (8)
1. Corporation Name
DECAR FLEET MANAGEMENT, INC.



Principal Place of Business: 800 OLD COUNTRY RD, GARDEN CITY NY 11530, US
Mailing Address: 900 OLD COUNTRY RD, GARDEN CITY NY 11530-2128, US

3. Date Incorporated or Qualified: 03/30/1990
3a. Date of Last Report: 03/28/1996

| | | | |
|---------------------------------|-------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: 11-3007068 | Applied For: Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24. Zip | 29. Zip | 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 8751 W. BROWARD BLVD. 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 |
| | 85. Zip Code: FL |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|--------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE: VAS | NAME: CONNOLLY, THOMAS B | 1.1 TITLE: VICE PRESIDENT, TREASURER, DIR | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 268 BORROW ST | CITY-ST-ZIP: JERSEY CITY NJ | 1.2 NAME: KIM E. LUTTHANS | |
| | <input checked="" type="checkbox"/> DELETE | 1.3 STREET ADDRESS: 8 TALLEY CT | |
| | | 1.4 CITY-ST-ZIP: WILMINGTON, DE 19804 | |
| TITLE: VSD | NAME: HORNE, A.M. | 2.1 TITLE: VICE PRESIDENT, ASST. SECTY. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 904 NEWPORT PIKE | CITY-ST-ZIP: WILMINGTON DE | 2.2 NAME: JONATHAN GIDDINGS | |
| | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS: 16VA HUNTINGTON ST APT. B. | |
| | | 2.4 CITY-ST-ZIP: BROOKLYN, NY 11231 | |
| TITLE: P | NAME: FERRUCCI, M.A. | 3.1 TITLE: PRESIDENT & DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 2 E. WEALD AVENUE | CITY-ST-ZIP: BEAR DE | 3.2 NAME: MARK A. FERRUCCI | |
| | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS: 312 MAGNUM DRIVE | |
| | | 3.4 CITY-ST-ZIP: BEAR, DE 19701 | |
| TITLE: VAS | NAME: GEIST, EDWARD G. | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 312 WALDEN ROAD | CITY-ST-ZIP: WILMINGTON DE | 4.2 NAME: | |
| | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS: | |
| | | 4.4 CITY-ST-ZIP: | |
| TITLE: VAS | NAME: DAWSON, BARBARA | 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 86-35 208TH ST | CITY-ST-ZIP: QUEENS VILLAGE NY | 5.2 NAME: | |
| | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS: | |
| | | 5.4 CITY-ST-ZIP: | |
| TITLE: VAS | NAME: FORSYTHE, JOHN | 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 11 CRANE RD | CITY-ST-ZIP: LLOYD HARBOR NY | 6.2 NAME: | |
| | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS: | |
| | | 6.4 CITY-ST-ZIP: | |

14. I do 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: Mark A. Ferrucci DATE: 2/10/97 DAYTIME PHONE # 302-777-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARK A. FERRUCCI PRESIDENT

CR2E034 (9/96)