FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED P33335

CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33335** **(1)**

1. Corporation Name

AT&T CAPITAL HOLDINGS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
44 WHIPPANY ROAD MORRISTOWN NJ 07962	44 WHIPPANY ROAD MORRISTOWN NJ 07962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1991**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) / County (25) / Zip (29) / Country (30)

4. FEI Number: **22-3022021** ☐ 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 [illegible] for intangible tax under § 199.019 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	WAJNERT, THOMAS C.	12 NAME	SEE ATTACHED SCHEDULE
STREET ADDRESS	44 WHIPPANY RD.	13 STREET ADDRESS	
CITY ST ZIP	MORRISTOWN NJ	14 CITY ST ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	VAN SICKLE, CHARLES D	22 NAME	
STREET ADDRESS	44 WHIPPANY ROAD	23 STREET ADDRESS	
CITY ST ZIP	MORRISTOWN NJ 07960	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, EDWARD W	32 NAME	
STREET ADDRESS	44 WHIPPANY ROAD	33 STREET ADDRESS	
CITY ST ZIP	MORRISTOWN NJ 07960	34 CITY ST ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, GEORGE D	42 NAME	
STREET ADDRESS	44 WHIPPANY ROAD	43 STREET ADDRESS	
CITY ST ZIP	MORRISTOWN NJ 07960	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	TART, MAUREEN B	52 NAME	
STREET ADDRESS	44 WHIPPANY ROAD	53 STREET ADDRESS	
CITY ST ZIP	MORRISTOWN NJ 07960	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	GERAGHTY, JOHN J	62 NAME	
STREET ADDRESS	44 WHIPPANY ROAD	63 STREET ADDRESS	
CITY ST ZIP	MORRISTOWN NJ 07960	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: [signature] 5/1/95 201 397 3010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0000781 CP