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 21 PM 2:39

DOCUMENT # **P37197** (1)

1. Corporation Name
MIDSTATE LEASING CORP.

Principal Place of Business	Mailing Address
7845 MALTLAGE DRIVE LIVERPOOL NY 13090	7845 MALTLAGE DRIVE LIVERPOOL NY 13090

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 16-1293125 ☐ 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

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 _____ 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	PCD	1.1 TITLE	PCD ☒ Change ☐ Addition
NAME	SCHEIWILLER, ROBERT	1.2 NAME	SCHEIWILLER, ROBERT
STREET ADDRESS	3605 S. OCEAN BLVD,C-119	1.3 STREET ADDRESS	120 NORTH RIVER DRIVE WEST.
CITY-ST-ZIP	S. PALM BEACH FL	1.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	T	2.1 TITLE	T ☒ Change ☐ Addition
NAME	SCHEIWILLER, ROBERT	2.2 NAME	SCHEIWILLER, ROBERT
STREET ADDRESS	3605 S. OCEAN BLVD,C-119	2.3 STREET ADDRESS	120 NORTH RIVER DRIVE WEST
CITY-ST-ZIP	S. PALM BEACH FL	2.4 CITY-ST-ZIP	JUPITER, FL 33468
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	FLEISCHMAN, DANIEL	3.2 NAME	
STREET ADDRESS	60 STEEL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	FLEMING, DAVID	4.2 NAME	
STREET ADDRESS	3925 GRISTMILL CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added to an attachment with an address.

SIGNATURE: X _____ X 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484718 PN