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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16 1997 8:00am Secretary of State

1997

DOCUMENT # **P96000019407 (1)** COMPUTER LEASING CORPORATION, INC. Principal Place of Business Maling Address 701 FISK ST 701 FISK ST SUITE 310 SUITE 310 **JACKSONVILLE FL 32204** JACKSONVILLE FL 32204-3378 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 1000 RIVERSIDE AVE. KINERSIDE AVE. Not Applicable \$8.75 Additional 5. Certificate of Status Desired SUITE 500 Fee Required 6. Election Campaign Financing \$5.00 May Be JACK(ONVILLE, FL Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032, Yes No Florida Statutes 10. Name and Address of New Registered Agent FAIRCHILD, RONALD D 701 FISK ST Street Address (P.O. Box Number is Not Acceptable) SUITE 310 83 JACKSONVILLE FL 32204 84 City Zip Code

11. Pursoant 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. Lem familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

S-GNATURE Stgoot no type tiles proted name of regetered agent and title if applicable. 12.

(NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1111 DELETE 1.1 TITLE ☐ Change ☐ Addition FAIRCHILD, RONALD D MARKE 1.2 NAME 701 FISK ST SUITE 310 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32204 CHY-ST ZIP 1.4 CITY-ST-ZIP THE DELETE Change Addition 2.1 TITLE NAM: 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CHY SI-ZIP 2. 4 CITY-ST-ZIP THUE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME \$1RELLADDRESS 3.3 STREET ADDRESS CITY - ST - ZE 3.4. CITY - ST - ZIP DELETE TILLE 4.1 TITLE Change Addition NAM 4. 2 NAME SPREEL ADDRESS 4.3 STREET ADDRESS CHY-ST ZE 4.4 CITY-ST-ZIP DELETE Id.f 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CLY-ST-ZE 5.4 CITY- ST-ZIP DELETE HLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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 receive or trustee empowered be 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 AND TYPED OR