

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V17280

(1)

1. Corporation Name

WALDEN AUTO LEASING II, INC.



Principal Place of Business

Mailing Address

9800 BACHMAN ROAD
ORLANDO FL 32824

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ORLANDO FL 32824

3. Date Incorporated or Qualified
02/27/1992

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 601 CARLSON PARKWAY

22 City & State

27 # 1420
28 MINNEAPOLIS, MN.

23 Zip Country

29 55305 30 USA

4. FEI Number

59-3111867

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME HECKER, DENNIS E.
STREET ADDRESS 7825 WASH. AVE. SO., #500
CITY-ST-ZIP MINNEAPOLIS MN

TITLE V
NAME KEPHART, JOHN E.
STREET ADDRESS 7825 WASHINGTON AVE SO, STE 500
CITY-ST-ZIP MINNEAPOLIS MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/C ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 601 CARLSON PARKWAY, # 1420
14 CITY-ST-ZIP MINNEAPOLIS MN 55305

21 TITLE V/S/T ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 601 CARLSON PARKWAY, # 1420
24 CITY-ST-ZIP MINNEAPOLIS MN 55305

31 TITLE P ☐ Change ☒ Addition

32 NAME LEACH, STEVEN J.
33 STREET ADDRESS 601 CARLSON PARKWAY #1420
34 CITY-ST-ZIP MINNEAPOLIS MN 55305

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96

612/404-4923

Date

Daytime Phone #

CR2E034 (3/96)