

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 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 # V17571 (3)

1. Corporation Name  
WALDEN AUTO LEASING HOLDING COMPANY

Principal Place of Business

9800 BACHMAN ROAD  
ORLANDO FL 32824

Mailing Address

601 CARLSON PARKWAY  
1400  
MINNEAPOLIS MN 55305-5332  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/28/1992

3a. Date of Last Report

07/02/1996

4. FEI Number

59-3111865

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HECKER, DENNIS E.  
STREET ADDRESS  
601 CARLSON PARKWAY, 1400  
CITY - ST - ZIP  
MINNEAPOLIS MN

TITLE ☐ DELETE

NAME  
KEPHART, JOHN E.  
STREET ADDRESS  
601 CARLSON PARKWAY, 1400  
CITY - ST - ZIP  
MINNEAPOLIS MN

TITLE ☒ DELETE

NAME  
NIXON, MICHAEL  
STREET ADDRESS  
120 N.W. 12TH AVENUE  
CITY - ST - ZIP  
DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME  
RICH, LAWRENCE  
STREET ADDRESS  
120 N.W. 12TH AVENUE  
CITY - ST - ZIP  
DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME  
PARKER, BRUCE J  
STREET ADDRESS  
5500 NORTHWEST CENTER, 90 S 7TH ST  
CITY - ST - ZIP  
MINNEAPOLIS MN

TITLE ☒ DELETE

NAME  
SMITH, DARYL  
STREET ADDRESS  
120 NW 12TH AVE  
CITY - ST - ZIP  
DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-97 612/404-4923

CR2E034 (9/96)