

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
1995 P. R. CORPORATION

DOCUMENT # **206196** (8)
1. Corporation Name:
CURRY LEASING CORPORATION

Principal Place of Business: **727 CENTRAL AVE SCARSDALE NY 10583**
Mailing Address: **727 CENTRAL AVE SCARSDALE NY 10583**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered: **09/25/1957** 3a. Date of Last Report: **08/12/1994**

4. FEI Number: **59-0920520** 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 15-109 (21), Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

State, Apt. # etc.: **22** State, Apt. # etc.: **27**

City & State: **23** City & State: **28**

City: **24** State: **25** City: **29** State: **30**

9. Name and Address of Current Registered Agent:
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.01(2) and 607.01(3) 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 607.01(3), Florida Statutes.

SIGNATURE: _____

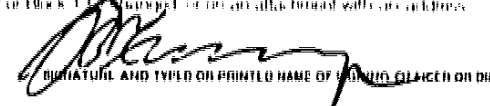
12. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	CURRY, B. F. JR.
STREET ADDRESS	50 INVERNESS RD
CITY, ST, ZIP	SCARSDALE NY
TITLE	PD
NAME	CURRY, ORA
STREET ADDRESS	TORRINGTON ST
CITY, ST, ZIP	TORRINGTON CT
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

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 109 (1)(2)(3)(4), Florida Statutes. I further certify that the information included 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. I am available to discuss any of the information on this report or to discuss any questions or to provide the report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attached board with an address.

SIGNATURE:  Treasurer 4/27/95 (914) 723-9200