


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

**FILED**  
**May 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 819554 (7)**  
 1. Corporation Name  
**FORD LEASING DEVELOPMENT COMPANY**



Principal Place of Business <b>CENTRAL ACCOOUNTING SERVICES          PO BOX 6051          DEARBORN MI 48121</b>	Mailing Address <b>C/O FORD MOTOR COMPANY          THE AMERICAN RD RM 570 WHO          DEARBORN MI 48121          US</b>
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3. Date Incorporated or Qualified <b>05/04/1966</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>38-1679543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P MCCOURT, SEAN</b>	1.2 NAME	
STREET ADDRESS	<b>THE AMERICAN ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEARBORN MI</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CD JACKSON, R.G.</b>	2.2 NAME	<b>Director</b>
STREET ADDRESS	<b>ONE PARTLANE BLVD., SUITE 1500-E</b>	2.3 STREET ADDRESS	<b>macdonald, malcolm S.</b>
CITY-ST-ZIP	<b>DEARBORN MI</b>	2.4 CITY-ST-ZIP	<b>The American Rd.</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S MCCARTHY, H.R.</b>	3.2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>THE AMERICAN ROAD</b>	3.3 STREET ADDRESS	<b>Ross, Dennis F</b>
CITY-ST-ZIP	<b>DEARBORN MI</b>	3.4 CITY-ST-ZIP	<b>The American Rd.</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T STAROSCIAK, T.M.</b>	4.2 NAME	<b>acton, Elizabeth S.</b>
STREET ADDRESS	<b>6 PARKLAND BLVD., SUITE 300</b>	4.3 STREET ADDRESS	<b>Treasurer</b>
CITY-ST-ZIP	<b>DEARBORN MI</b>	4.4 CITY-ST-ZIP	<b>The American Rd.</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T ACTON, ELIZABETH</b>	5.2 NAME	
STREET ADDRESS	<b>THE AMERICAN ROAD</b>	5.3 STREET ADDRESS	<b>600002201876</b>
CITY-ST-ZIP	<b>DEARBORN MI</b>	5.4 CITY-ST-ZIP	<b>-06/04/97--01093--004</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S SWAN, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>THE AMERICAN RD</b>	6.3 STREET ADDRESS	<b>***990.00</b>
CITY-ST-ZIP	<b>DEARBORN MI</b>	6.4 CITY-ST-ZIP	

**600002201876**  
**-06/04/97--01093--004**  
**\*\*\*990.00**

*List Attached* **CS**  
**5/21/97**

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: *Paul A. Swan* **PAUL A. SWAN** Ass't Secretary **4-23-97**

CP2E034 (9/96)