

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

**FILED**  
**Jun 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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 ACCOUNTING 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>
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3. Date Incorporated or Qualified <b>05/04/1966</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 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCOURT, SEAN</b>	
STREET ADDRESS	<b>THE AMERICAN ROAD</b>	
CITY-ST-ZIP	<b>DEARBORN MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAC DONALD, MALCOLM</b>	
STREET ADDRESS	<b>THE AMERICAN RD</b>	
CITY-ST-ZIP	<b>DEARBORN MI 48121</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, DENNIS E</b>	
STREET ADDRESS	<b>THE AMERICAN ROAD</b>	
CITY-ST-ZIP	<b>DEARBORN MI</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ACTON, ELIZABETH S</b>	
STREET ADDRESS	<b>THE AMERICAN RD</b>	
CITY-ST-ZIP	<b>DEARBORN MI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SWAN, PAUL</b>	
STREET ADDRESS	<b>THE AMERICAN RD</b>	
CITY-ST-ZIP	<b>DEARBORN MI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>The American Road</b>	
1.4 CITY-ST-ZIP	<b>Dearborn MI 48121</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Alex Goldberg</b>	
2.3 STREET ADDRESS	<b>The American Road</b>	
2.4 CITY-ST-ZIP	<b>DEARBORN, MI 48121</b>	
3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Thomas H. Geggie</b>	
3.3 STREET ADDRESS	<b>The American Road</b>	
3.4 CITY-ST-ZIP	<b>DEARBORN, MI 48121</b>	
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>J. H. GARDNER</b>	
4.3 STREET ADDRESS	<b>The American Road</b>	
4.4 CITY-ST-ZIP	<b>DEARBORN, MI 48121</b>	
5.1 TITLE	<b>ASSY SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>The American RD</b>	
5.3 STREET ADDRESS	<b>Dearborn, MI 48121</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>100002494641</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-04/21/98--01016--034</b>	
6.3 STREET ADDRESS	<b>***300.00</b>	
6.4 CITY-ST-ZIP		

14. I 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  
 4/6/98

CR2E034 (10/97)

