

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **829044** (7)

1. Corporation Name  
**S AND A LEASING CORP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:42

Principal Place of Business: **12404 PARK CENTRAL DR. C/O TAX DEPT. DALLAS TX 75251**  
Mailing Address: **P.O. BOX 223018 G/O TAX DEPT. DALLAS TX 75222-4018 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		<b>11/22/1972</b>	<b>04/28/1994</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		<b>75-1361847</b>	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>\$ DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENEDETTO, GERARD S.</b>	1.2 NAME	
STREET ADDRESS	<b>5917 ROYAL PALM</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANO TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SVP</b>	2.1 TITLE	<b>\$ DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARIG, ROBERT J.</b>	2.2 NAME	
STREET ADDRESS	<b>4305 ADDINGTON PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLOWER MOUND TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VSTD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCARTHY, JAMES W.</b>	3.2 NAME	
STREET ADDRESS	<b>2813 MILLINGTON</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANO TX 75093</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<b>ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, CAROLYN</b>	4.2 NAME	
STREET ADDRESS	<b>2009 WHIPPOORWILL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARROLLTON TX 75006</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(4), 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 employed to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Carpenter **CARDOLYN CARPENTER** **ASSISTANT SECRETARY** **01-16-95** **214-404-5013**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Name #