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Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **852986**

1. Corporation Name
EAB LEASING CORP.

Principal Place of Business: 6 COMMERCE DRIVE READING PA 19607-9704
 Mailing Address: 6 COMMERCE DRIVE READING PA 19607-9704

21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	05/26/1982
4. FEI Number	23-1720013
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABERBERGER, A.A.	1.2 NAME	
STREET ADDRESS	3 RICK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	READING PA 19607	1.4 CITY-ST-ZIP	
TITLE	ASO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABERBERGER, A.A.	2.2 NAME	
STREET ADDRESS	3 RICK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	READING PA 19607	2.4 CITY-ST-ZIP	
TITLE	PCMO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAINO, VINCENT A	3.2 NAME	
STREET ADDRESS	2145 KRIEBEL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANSDALE PA 19446	3.4 CITY-ST-ZIP	
TITLE	SSVP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HABERBERGER, JOANNE	4.2 NAME	
STREET ADDRESS	3 RICK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	READING PA 19607	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORDWAY, ROBERT	5.2 NAME	
STREET ADDRESS	15 VALLEY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRDSBORO PA 19508	5.4 CITY-ST-ZIP	
TITLE	VPAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELHARDT, BRIAN C ESQ.	6.2 NAME	
STREET ADDRESS	13 HARRY AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHILLINGTON PA 19607	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)