SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 5/1/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT

1994 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000614 (9)

1. Corporation Name

PACIFIC ATLANTIC SYSTEMS LEASING, INC.

Mailing Address	Principal Place of Business
11811 NORTH TATUM BLVD., SUITE 2000 PHOENIX AZ 85028-1601	11811 NORTH TATUM BLVD., SUITE 2000 PHOENIX AZ 85028-1601

If above addresses are not correct, type in correct information and write correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21 21051 WARNER CENTER LANE	2a. Principal Place of Business 26 21051 WARNER CENTER LANE	3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report [illegible]
Suite, Apt. #, etc. 22 C/O EL CAMINO RESOURCES, LTD	Suite, Apt. #, etc. 27 C/O EL CAMINO RESOURCES, LTD	4. FEI Number 86-0717994	Applied For ☐ Not Applicable ☐
City & State 23 WOODLAND HILLS, CA	City & State 28 WOODLAND HILLS, CA	5. Certificate of Status Desired $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 91367 / 25 USA	Zip / Country 29 91367 / 30 USA	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
		8. This corporation is liable for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE
(Typed or printed name of registered agent and title if agent is an officer) (If 11 - Registered Agent signature required after name change)

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: P 12 NAME: SWANKY OLIE E 13 STREET ADDRESS: 11811 N. TATUM BLVD., SUITE 2000 14 CITY ST ZIP: PHOENIX AZ 85028-1601	11 TITLE: D/C/P 12 NAME: HARMON, DAVID E. 13 STREET ADDRESS: 24670 CORDILLERA DRIVE 14 CITY ST ZIP: CALABASAS, CA 91302
21 TITLE: V 22 NAME: HOOKER JAMES H 23 STREET ADDRESS: 1801 ROBERT FULTON DRIVE, THIRD FLOOR 24 CITY ST ZIP: RESTON VA 22091-4347	21 TITLE: D/V 22 NAME: WOLFF, DAVID A. 23 STREET ADDRESS: 1455 MONACO DRIVE 24 CITY ST ZIP: PACIFIC PALISADES, CA
31 TITLE: V 32 NAME: RYAN THOMAS S 33 STREET ADDRESS: 11811 N. TATUM BLVD., SUITE 2000 34 CITY ST ZIP: PHOENIX AZ 85028-1601	31 TITLE: V/D 32 NAME: KLEINMAN, MELVIN 33 STREET ADDRESS: 4104 PULIDO COURT 34 CITY ST ZIP: CALABASAS, CA
41 TITLE: V 42 NAME: STRASBERG JEFFREY 43 STREET ADDRESS: 1801 ROBERT FULTON DRIVE, THIRD FLOOR 44 CITY ST ZIP: RESTON VA 22091-4347	41 TITLE: S 42 NAME: LOCKWOOD, MICHAEL P. 43 STREET ADDRESS: 23902 ASPEN WAY 44 CITY ST ZIP: CALABASAS, CA 91302
51 TITLE: S 52 NAME: KASARJIAN LEVON JR 53 STREET ADDRESS: 11811 N. TATUM BLVD., SUITE 2000 54 CITY ST ZIP: PHOENIX AZ 85028-1601	51 TITLE: T 52 NAME: OFRIA, BRIAN 53 STREET ADDRESS: 23341 OSTRONIC DRIVE 54 CITY ST ZIP: WOODLAND HILLS, CA
61 TITLE: D 62 NAME: DICKERSON JAMES H 63 STREET ADDRESS: 1717 ARCH STREET, 47TH FLOOR EAST 64 CITY ST ZIP: PHILADELPHIA PA 19103	61 TITLE: 62 NAME: 63 STREET ADDRESS: DELETE INFORMAITON 64 CITY ST ZIP: TLS, 5/4/95

14. I do hereby certify that the information supplied with this report is accurately maintained and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-17-95 818-226-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL P. LOCKWOOD, SECRETARY

0207095