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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90113 042 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000003011**

1. Corporation Name
LITTLE LEASING INCORPORATED



Principal Place of Business: 2210 W MORRIS STREET INDIANAPOLIS IN 46221
 Mailing Address: 2210 W MORRIS STREET INDIANAPOLIS IN 46221

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				35-1720163	
22. City & State		27. City & State		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
24. Country		29. Country		8. This corporation owes the current year Intangible	
				Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH 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 **FL** 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]* DATE: Mar. 15, 1999

12. OFFICERS AND DIRECTORS

TITLE	P.	<input type="checkbox"/> DELETE
NAME	WILLOUGHBY, TIMOTHY B	
STREET ADDRESS	754 BALROYAL CT.	
CITY-ST-ZIP	INDIANAPOLIS IN 46234	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	WILLOUGHBY, PAMELA W	
STREET ADDRESS	754 BALROYAL CT.	
CITY-ST-ZIP	INDIANAPOLIS IN 46234	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAIG E ANDERSON	
STREET ADDRESS	1174 COTTONWOOD CT	
CITY-ST-ZIP	CARMEL IN 46033	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* DATE: 3/12/99 317-638-2381

CRZE034 (1/98)