FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15761 (0)

1. Corporation Name

CHRYSLER SYSTEMS LEASING INC.

Principal Place of Business	Mailing Address
1 TOWER LANE, #2000 OAKBROOK TERRACE IL 60181	1 TOWER LANE, #2000 OAKBROOK TERRACE IL 60181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/31/1987	05/01/1994

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

4. FEI Number: 36-2958937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	NELSON, MICHAEL L.	12 NAME	John, Robert W.	
STREET ADDRESS	1 TOWER LANE, #2000	13 STREET ADDRESS	One Tower Lane, Suite 2000	
CITY-ST-ZIP	OAKBROOK TERRACE IL	14 CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	ANNIS, ELINOR G.	22 NAME		
STREET ADDRESS	1 TOWER LANE, #2000	23 STREET ADDRESS		
CITY-ST-ZIP	OAKBROOK TERRACE IL	24 CITY-ST-ZIP		
TITLE	VDT	31 TITLE	V	☒ Change ☐ Addition
NAME	ZARCONE, DONNA	32 NAME	Kamp, Bruce I.	
STREET ADDRESS	1 TOWER LANE, #2000	33 STREET ADDRESS	One Tower Lane, Suite 2000	
CITY-ST-ZIP	OAKBROOK TERRACE IL	34 CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	V	41 TITLE	V	☒ Change ☐ Addition
NAME	PATTERSON, DEBORAH A.	42 NAME	Fisher, Kenneth S.	
STREET ADDRESS	1 TOWER LANE #2000	43 STREET ADDRESS	One Tower Lane, Suite 2000	
CITY-ST-ZIP	OAKBROOK TERRACE IL	44 CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE		51 TITLE	O	☐ Change ☒ Addition
NAME		52 NAME	Forese, James J.	
STREET ADDRESS		53 STREET ADDRESS	290 Harbor Dr.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Stamford, CT 06905	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Kisbert, Kimberly A.	
STREET ADDRESS		63 STREET ADDRESS	290 Harbor Dr.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Stamford, CT 06905	

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 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: Elinor G. Annis Elinor G. Annis, Secretary 5/9/95 (708) 716-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448539 FP