


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28418 (2)**  
 1. Corporation Name  
**BEACON LEASING CORPORATION**



Principal Place of Business <b>% BEQUA CORP                  3 UNIVERSITY PLAZA                  HACKENSACK NJ 07601</b>	Mailing Address <b>% BEQUA CORP                  3 UNIVERSITY PLAZA                  HACKENSACK NJ 07601-6208</b>
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3. Date Incorporated or Qualified <b>03/07/1990</b>	3a. Date of Last Report <b>04/16/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number <b>13-3339105</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>	

10. Name and Address of New Registered Agent	
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>QUICKE, JOHN J.</b>	
STREET ADDRESS	<b>11 STONY HOLLOW RD</b>	
CITY-ST-ZIP	<b>SLATE HILL NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ALAN J WOOLARD</b>	
STREET ADDRESS	<b>120 SO CENTRAL AVE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GUTTERMAN, GERALD S.</b>	
STREET ADDRESS	<b>27 PONDFIELD PKWY</b>	
CITY-ST-ZIP	<b>MT. VERNON NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KRINSLY, STUART Z.</b>	
STREET ADDRESS	<b>1135 GREACEN POINT RD.</b>	
CITY-ST-ZIP	<b>MAMARONCECK NY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HARMON, ELLEN T.</b>	
STREET ADDRESS	<b>16 HILLDALE RD</b>	
CITY-ST-ZIP	<b>RYE BROOK NY</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ADLMAN, MONROE</b>	
STREET ADDRESS	<b>33 DANTE ST</b>	
CITY-ST-ZIP	<b>LARCHMONT NY</b>	

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 do 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, on an attachment with an address.

SIGNATURE: *Monroe Adlman* **MONROE ADLMAN** 4/2/97 201-343-1123

CR2E034 (9/96)