

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30257 (0)

1. Corporation Name
TRANSAMERICA LEASING INC.



Principal Place of Business: % EILEEN HACKETT, 100 MANHATTANVILLE ROAD, PURCHASE NY 10577-2135, US
Mailing Address: % EILEEN HACKETT, 100 MANHATTANVILLE ROAD, PURCHASE NY 10577-2135, US

3. Date Incorporated or Qualified: **07/20/1990**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **13-2629188**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)
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: _____ DATE: _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when fee is \$0.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TINGLEY, CHARLES E.		1.2 NAME				
STREET ADDRESS	100 MANHATTANVILLE RD		1.3 STREET ADDRESS				
CITY-STATE-ZIP	PURCHASE NY		1.4 CITY-STATE-ZIP				
TITLE	SVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARBA, JOSEPH		2.2 NAME				
STREET ADDRESS	100 MANHATTANVILLE RD		2.3 STREET ADDRESS				
CITY-STATE-ZIP	PURCHASE NY		2.4 CITY-STATE-ZIP				
TITLE	EVPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CAPODANNO, PAUL		3.2 NAME				
STREET ADDRESS	100 MANHATTANVILLE RD		3.3 STREET ADDRESS				
CITY-STATE-ZIP	PURCHASE NY		3.4 CITY-STATE-ZIP				
TITLE	ASD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KENNY, DENNIS J.		4.2 NAME				
STREET ADDRESS	100 MANHATTANVILLE RD		4.3 STREET ADDRESS				
CITY-STATE-ZIP	PURCHASE NY		4.4 CITY-STATE-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ASPIS, HAROLD B.		5.2 NAME				
STREET ADDRESS	100 MANHATTANVILLE RD		5.3 STREET ADDRESS				
CITY-STATE-ZIP	PURCHASE NY		5.4 CITY-STATE-ZIP				
TITLE	SVPD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MANN, EDWARD T		6.2 NAME				
STREET ADDRESS	100 MANHATTANVILLE RD		6.3 STREET ADDRESS				
CITY-STATE-ZIP	PURCHASE NY		6.4 CITY-STATE-ZIP				

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)(k), 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: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)