

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

FILED

**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 10577-2134 US
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3. Date Incorporated or Qualified 07/20/1990	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-2629188	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip Country	29. Zip Country	30. Zip Country	

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. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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-ST-ZIP	PURCHASE NY	1.4 CITY-ST-ZIP	
TITLE	EVPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPODANNO, PAUL	2.2 NAME	
STREET ADDRESS	100 MANHATTANVILLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY	2.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNY, DENNIS J.	3.2 NAME	
STREET ADDRESS	100 MANHATTANVILLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPI, HAROLD B.	4.2 NAME	
STREET ADDRESS	100 MANHATTANVILLE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY	4.4 CITY-ST-ZIP	
TITLE	SVPO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, EDWARD T	5.2 NAME	
STREET ADDRESS	100 MANHATTANVILLE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: Harold B. Aspi, Secretary *Harold B. Aspi* **4/24/97** **914-251-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)