


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

000621

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90140 026 ***150.00

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P30257

1. Corporation Name
TRANSAMERICA LEASING INC.



| | |
|--|--|
| Principal Place of Business 100 MANHATTANVILLE RD. PURCHASE NY 10577 US | Mailing Address 100 MANHATTANVILLE RD. PURCHASE NY 10577 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----|---------------------|----|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/20/1990 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 13-2629188 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 | 25 | 29 | 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 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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 | PCEO | <input type="checkbox"/> DELETE |
| NAME | TINGLEY, CHARLES E. | |
| STREET ADDRESS | 100 MANHATTANVILLE RD | |
| CITY-ST-ZIP | PURCHASE NY | |
| TITLE | SVPC | <input type="checkbox"/> DELETE |
| NAME | BRITTON, TIMOTHY | |
| STREET ADDRESS | 100 MANHATTANVILLE RD. | |
| CITY-ST-ZIP | PURCHASE NY | |
| TITLE | SVPC | <input type="checkbox"/> DELETE |
| NAME | CUNNINGHAM, MICHAEL J | |
| STREET ADDRESS | 100 MANHATTANVILLE RD. | |
| CITY-ST-ZIP | PURCHASE NY | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ASPI, HAROLD B. | |
| STREET ADDRESS | 100 MANHATTANVILLE RD | |
| CITY-ST-ZIP | PURCHASE NY | |
| TITLE | EVPO | <input type="checkbox"/> DELETE |
| NAME | MANN, EDWARD T | |
| STREET ADDRESS | 100 MANHATTANVILLE RD | |
| CITY-ST-ZIP | PURCHASE NY | |
| TITLE | Secretary | <input type="checkbox"/> DELETE |
| NAME | Marc A. Pearlman | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Vice President |
| 4.3 STREET ADDRESS | General Counsel |
| 4.4 CITY-ST-ZIP | Harold B. Aspis 100 Manhattanville Road Purchase, NY 10577 |
| 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 checked="" type="checkbox"/> Addition |
| 6.2 NAME | Secretary |
| 6.3 STREET ADDRESS | Marc A. Pearlman |
| 6.4 CITY-ST-ZIP | 100 Manhattanville Road Purchase, NY 10577 |

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: Marc A. Pearlman Date: 4/15/99 Daytime Phone # _____

CR2E034 (11/98)