



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 84863		2. Name of Corporation NCC Charlie Company			
3. Street Address Principal Business Office 245 Park Ave., 40th Floor			City NY	State NY	Zip 10167
4. Business Phone No. 212/557-4799		5. State of Incorporation DELAWARE			6. SIC Code 7773
7. Brief Description of the Character of Business Conducted in Rhode Island LEASING AND FINANCING TRANSACTIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul H. Repp			Vice President Name Richard F. Krakowski		
Street Address 245 Park Ave., 40th Floor			Street Address 245 Park Ave., 40th Floor		
City NY	State NY	Zip 10167	City NY	State NY	Zip 10167
Secretary Name Jane A. Schapker			Treasurer Name Janet M. Garrity		
Street Address 1095 Ave. of the Americas			Street Address 3900 Washington St., 2nd Floor		
City NY	State NY	Zip 10036	City Wilmington	State DE	Zip 19802
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul H. Repp			Director Name Adey E. Prashker		
Street Address 245 Park Ave., 40th Floor			Street Address 245 Park Ave., 40th Floor		
City NY	State NY	Zip 10167	City NY	State NY	Zip 10167
Director Name James J. Jordan			Director Name Peter D. Rutherford		
Street Address 245 Park Ave., 40th Floor			Street Address 245 Park Ave., 40th Floor		
City NY	State NY	Zip 10167	City NY	State NY	Zip 10167
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1	COMM NO PAR VALUE		One	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



84863

File Date 2.22.05
Check No. 539
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Krakowski 2/18/05
Signature of Officer Date
Richard Krakowski
Print or Type Name of Officer
Senior V.P. - CFO
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 84863		2. Name of Corporation NCC Charlie Company			
3. Street Address Principal Business Office 245 Park Ave. 40th fl			City New York	State NY	Zip 10167
4. Business Phone No. 212-557-4799		5. State of Incorporation DELAWARE		6. SIC Code 7773	
7. Brief Description of the Character of Business Conducted in Rhode Island LEASING AND FINANCING TRANSACTIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul H. Repp			Vice President Name Richard F. Krakowski		
Street Address 245 Park Ave. 40th fl			Street Address 245 Park Ave. 40th fl		
City New York	State NY	Zip 10167	City New York	State NY	Zip 10167
Secretary Name Robert W. Erb			Treasurer Name Janet Garrity		
Street Address 1095 Ave of the Americas			Street Address 3900 Washington St., 2nd floor		
City New York	State NY	Zip 10167	City Wilmington	State DE	Zip 19802
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James J. Jordan			Director Name Audrey Prashker		
Street Address 245 Park Ave. 40th fl			Street Address 245 Park Ave. 40th fl		
City New York	State NY	Zip 10167	City New York	State NY	Zip 10167
Director Name Paul H. Repp			Director Name Peter D. Rutherford		
Street Address 245 Park Ave. 40th fl			Street Address 245 Park Ave. 40th fl		
City New York	State NY	Zip 10167	City New York	State NY	Zip 10167
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1	COMM NO PAR VALUE		1	Common	NO Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 8 6 3 *

File Date 2-27-04
Check No. 494
By: ICP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Richard F. Krakowski Date 2/27/04
Print or Type Name of Officer Richard F. Krakowski
Title of Officer Sr VP + CFO



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **84863** 2. Name of Corporation **NCC Charlie Company**
3. Street Address Principal Business Office
245 PARK AVENUE - 40TH FLOOR City **NEW YORK** State **NY** Zip **1_167**
4. Business Phone No. **(212) 557-4799** 5. State of Incorporation **DELAWARE** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island

EQUIPMENT LEASING

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name ANDREW COTICCHIO Street Address 245 PARK AVENUE - 40TH FLOOR City NEW YORK State NY Zip 10167	Vice President Name PETER RUTHERFORD Street Address 245 PARK AVENUE - 40TH FLOOR City NEW YORK State NY Zip 10167
Secretary Name MARVA LEVINE Street Address 245 PARK AVENUE - 40TH FLOOR City NEW YORK State NY Zip 10167	Treasurer Name VICKI M. LINKOVICH Street Address 201 N. FRANKLIN ST., SUITE 3300 City TAMPA State FL Zip 33602

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name ANDREW COTICCHIO Street Address 245 PARK AVENUE - 40TH FLOOR City NEW YORK State NY Zip 10167	Director Name JAMES J. JORDAN Street Address 245 PARK AVENUE - 40TH FLOOR City NEW YORK State NY Zip 10167
Director Name PETER RUTHERFORD Street Address 245 PARK AVENUE - 40TH FLOOR City NEW YORK State NY Zip 10167	Director Name PAUL REPP Street Address 245 PARK AVENUE - 40TH FLOOR City NEW YORK State NY Zip 10167

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
ONE COMMON NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 8 6 3 *

3.20.03

File Date: _____

456

Check No.: _____

De

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert J. Burden **3/14/03**
Signature of Officer Date

Assistant Comptroller
Print or Type Name of Officer

Assistant Comptroller
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84863** 2. Name of Corporation **NCC Charlie Company**
3. Street Address Principal Business Office **245 PARK AVENUE - 40TH FLR.** City **NEW YORK** State **NY** Zip **10167**
4. Business Phone No. **(212) 557-4799** 5. State of Incorporation **DELAWARE** 6. SIC Code **7773**
7. Brief Description of the Character of Business Conducted in Rhode Island **EQUIPMENT LEASING**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name ANDREW COTICCHIO	Vice President Name PETER RUTHERFORD
Street Address 245 PARK AVENUE - 40TH FLR.	Street Address 245 PARK AVENUE - 40TH FLR.
City State Zip NEW YORK NY 10167	City State Zip NEW YORK NY 10167
Secretary Name MARVA M. LEVINE	Treasurer Name VICKI M. LINKOVICH
Street Address 245 PARK AVENUE - 40TH FLR.	Street Address 201 NO. FRANKLIN STREET - SUITE 1800
City State Zip NEW YORK NY 10167	City State Zip TAMPA FL. 33602

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name ANDREW COTICCHIO	Director Name JAMES J. JORDAN
Street Address 245 PARK AVENUE - 40TH FLR.	Street Address 245 PARK AVENUE - 40TH FLR.
City State Zip NEW YORK NY 10167	City State Zip NEW YORK NY 10167
Director Name PETER RUTHERFORD	Director Name PAUL REPP
Street Address 245 PARK AVENUE - 40TH FLR.	Street Address 245 PARK AVENUE - 40TH FLR.
City State Zip NEW YORK NY 10167	City State Zip NEW YORK NY 10167

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
ONE	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 8 6 3 *

File Date: 3-1-02

Check No: 418

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/6/02
Sig. of Officer Date

VICKI M. LINKOVICH
Print or Type Name of Officer

VP - TREASURER & COMPTROLLER
Title of Officer

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Company Directory
Active Company

NCC Charlie Company -- *Current Officers*

Please note that pending changes, if any, are not reflected.

name	title	appointed
Burden, Robert J.	Assistant Comptroller	12/01/1997
Coticchio, Andrew	President & CEO	01/01/2001
Dentico, Patrick	Assistant Comptroller	12/15/1998
Jordan, James J.	Senior Vice President - Investments	01/01/2002
Krakowski, Richard F.	Senior Vice President-Strategic Reporting and Analysis	01/01/2002
Levine, Marva M.	Vice President - Counsel and Assistant Secretary	12/15/1998
Linkovich, Vicki M.	Vice President - Treasurer and Comptroller	01/01/2002
Mykytyn, Renata L.	Vice President - Affordable Housing Investments	01/01/2002
Repp, Paul Howard	Senior Vice President - General Counsel & Secretary	01/01/2002
Rutherford, Peter D.	Senior Vice President - Operations	01/01/2002

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Company Directory
Active Company

NCC Charlie Company -- *Current Directors*

Please note that pending changes, if any, are not reflected.

name	appointed
Coticchio, Andrew	01/01/2001
Jordan, James J.	06/01/1997
Repp, Paul Howard	01/01/2001
Rutherford, Peter D.	02/19/1996

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84863** 2. Name of Corporation **NCC Charlie Company**

3. Street Address Principal Business Office **245 Park Avenue, 40th Fl.** City **New York** State **Ny** Zip **10167**

4. Business Phone No. **212-557-4799** 5. State of Incorporation **DELAWARE**

7. Brief Description of the Character of Business Conducted in Rhode Island **Equipment Leasing**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Andrew Coticchio**
Street Address **245 Park Ave. 40th Fl.**
City **New York** State **Ny** Zip **10167**

Vice President Name **Peter Rutterford**
Street Address **245 Park Ave. 40th Fl.**
City **New York** State **Ny** Zip **10167**

Secretary Name **Michael Flynn**
Street Address **245 Park Ave. 40th Fl.**
City **New York** State **Ny** Zip **10167**

Treasurer Name **Richard Krakowski**
Street Address **245 Park Ave. 40th Fl.**
City **New York** State **Ny** Zip **10167**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Andrew Coticchio**
Street Address **245 Park Ave. 40th Fl.**
City **New York** State **Ny** Zip **10167**

Director Name **James Jordan**
Street Address **245 Park Ave. 40th Fl.**
City **New York** State **Ny** Zip **10167**

Director Name **Peter Rutterford**
Street Address **245 Park Ave. 40th Fl.**
City **New York** State **Ny** Zip **10167**

Director Name **Paul Repp**
Street Address **245 Park Ave. 40th Fl.**
City **New York** State **Ny** Zip **10167**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1	COMM NO	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
one	Common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 8 6 3 *

File Date: 2/23/01

Check No: 381

By: KID

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Krakowski 2/14/01
Signature of Officer Date

Richard Krakowski
Print or Type Name of Officer

VP-Treasurer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84863** 2. Name of Corporation **NCC Charlie Company**
3. Street Address Principal Business Office
245 Park Avenue 40th fl. City **New York** State **Ny** Zip **10167**
4. Business Phone No **212-557-4799** 5. State of Incorporation **DELAWARE**
7. Brief Description of the Character of Business Conducted in Rhode Island.
Equipment Leasing

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **William Heitmann**
Street Address **245 Park Avenue, 40th fl.**
City **New York** State **Ny** Zip **10167**

Vice President Name **James Jordan**
Street Address **245 Park Avenue, 40th fl.**
City **New York** State **Ny** Zip **10167**

Secretary Name **Michael Flynn**
Street Address **245 Park Avenue, 40th fl.**
City **New York** State **Ny** Zip **10167**

Treasurer Name **Richard Krakowski**
Street Address **245 Park Avenue, 40th fl.**
City **New York** State **Ny** Zip **10167**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Robert Burden**
Street Address **245 Park Avenue, 40th fl.**
City **New York** State **Ny** Zip **10167**

Director Name **Peter Rutherford**
Street Address **245 Park Avenue, 40th fl.**
City **New York** State **Ny** Zip **10167**

Director Name **Michael Flynn**
Street Address **245 Park Avenue, 40th fl.**
City **New York** State **Ny** Zip **10167**

Director Name **James Jordan**
Street Address **245 Park Avenue, 40th fl.**
City **New York** State **Ny** Zip **10167**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
1	Common	No Par Value	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
1	One	Common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/27/00

Check No.: 338

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3/16/00
Signature of Officer Date

Robert J. Burden
Print or Type Name of Officer
Assistant Comptroller
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84863
2. Name of Corporation NCC Charlie Company

3. Street Address Principal Business Office 245 Park Avenue - 40th Floor
City New York State NY Zip 10167
4. Business Phone No. 212-557-4799
5. State of Incorporation Delaware
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Equipment Leasing

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X

President Name William F. Heitmann Street Address 245 Park Avenue, 40th Floor City New York State New York Zip 10167	Vice President Name Peter D. Rutherford Street Address 245 Park Avenue, 40th Floor City New York State New York Zip 10167
Secretary Name Michael D. Flynn Street Address 245 Park Avenue, 40th Floor City New York State New York Zip 10167	Treasurer Name Richard F. Krakowski Street Address 245 Park Avenue, 40th Floor City New York State New York Zip 10167

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) X

Director Name William F. Heitmann Street Address 245 Park Avenue, 40th Floor City New York State New York Zip 10167	Director Name James J. Jordan Street Address 245 Park Avenue, 40th Floor City New York State New York Zip 10167
Director Name Peter D. Rutherford Street Address 245 Park Avenue, 40th Floor City New York State New York Zip 10167	Director Name Michael D. Flynn Street Address 245 Park Avenue, 40th Floor City New York State New York Zip 10167

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1	Common	No Par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 03-22-99
Check No.: 270
By: JD

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

P. Rutherford 3/19/99
Signature of Officer Date
Peter D. Rutherford
Print or Type Name of Officer
Vice President
Title of Officer

CHARLIE

NCC CHARLIE COMPANY
A STATEMENT ATTACHED TO AND MADE PART OF THE
STATE OF RHODE ISLAND ANNUAL REPORT
1998

FEIN: 13-3736313

STATEMENT #1

OFFICERS:

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
William F. Heitmann	President	1095 Avenue of the Americas New York, NY 10036
James J. Jordan	V.P.-Investments	245 Park Avenue-40TH Floor New York, NY 10167
Michael D. Flynn	V.P.-General Counsel & Secretary	245 Park Avenue-40TH Floor New York, NY 10167
Richard F. Krakowski	V.P.-Treasurer & Comptroller	245 Park Avenue-40TH Floor New York, NY 10167
Peter D. Rutherford	V.P.-Investments	245 Park Avenue-40TH Floor New York, NY 10167
Marva M. Levine	Assistant Secretary	245 Park Avenue-40TH Floor New York, NY 10167
Richard Weiss	Assistant Comptroller	1095 Avenue of the Americas-31st Floor New York, NY 10036
Robert J. Burden	Assistant Comptroller	245 Park Avenue-40TH Floor New York, NY 10167

DIRECTORS:

James J. Jordan	V.P.-Investments	245 Park Avenue-40TH Floor New York, NY 10167
Peter D. Rutherford	V.P.-Investments	245 Park Avenue-40TH Floor New York, NY 10167
Michael D. Flynn	V.P.-General Counsel & Secretary	245 Park Avenue-40TH Floor New York, NY 10167

NCC Charlie Company

Directors

William F. Heitmann
James J. Jordan
Peter D. Rutherford
Michael D. Flynn

Officers

William F. Heitmann	Chairman and Chief Executive Officer <i>Pres</i>
Michael D. Flynn	Vice President - General Counsel and Secretary <i>GC</i>
James J. Jordan	Vice President - Investments
Peter D. Rutherford	Vice President - Investments <i>VP</i>
Richard F. Krakowski	Vice President - Treasurer & Comptroller <i>Treasure</i>
Marva M. Levine	Vice President - Counsel and Assistant Secretary
Robert J. Burden	Assistant Comptroller
Richard Weiss	Assistant Comptroller
Patrick Dentico	Assistant Comptroller



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84863**
2. Name of Corporation **NCC Charlie Company**
3. Street Address Principal Business Office
200 Park Avenue, 33rd Floor
4. Business Phone No. **212-499-3700**
5. State of Incorporation **DELAWARE**

City **New York** State **NY** Zip **10166**
6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island

Equipment Leasing

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X

President Name **Thomas J. Cowey**
Street Address **200 Park Avenue**
City **New York** State **NY** Zip **10166**

Vice President Name **Peter D. Rutherford**
Street Address **200 Park Avenue**
City **New York** State **NY** Zip **10166**

Secretary Name **Michael D. Flynn**
Street Address **200 Park Avenue**
City **New York** State **NY** Zip **10166**

Treasurer Name **Richard F. Krakowski**
Street Address **200 Park Avenue**
City **New York** State **NY** Zip **10166**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) X

Director Name **Thomas J. Cowey**
Street Address **200 Park Avenue**
City **New York** State **NY** Zip **10166**

Director Name **Peter D. Rutherford**
Street Address **200 Park Avenue**
City **New York** State **NY** Zip **10166**

Director Name **Jim Jordan**
Street Address **200 Park Avenue**
City **New York** State **NY** Zip **10166**

Director Name **Michael D. Flynn**
Street Address **200 Park Avenue**
City **New York** State **NY** Zip **10166**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1	Common	No Par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 8 6 3 *

File Date: 2/23/98
Check No.: 215
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Officer Date

Richard F. Krakowski
Print or Type Name of Officer

V.P. Treasurer and Comptroller
Title of Officer

**NCC CHARLIE COMPANY
A STATEMENT ATTACHED TO AND MADE PART OF THE
STATE OF RHODE ISLAND ANNUAL REPORT FILING FORM**

FEIN: 13-3736313

STATEMENT #1

OFFICERS:

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
<u>Page 1, Lines 8&9</u>		
Thomas J. Cowey	President	200 Park Avenue-33rd Floor New York, NY 10166
James J. Jordan	V.P.-Investments	200 Park Avenue -33rd Floor New York, NY 10166
Michael D. Flynn	V.P.-General Counsel & Secretary	200 Park Avenue-33rd Floor New York, NY 10166
Richard F. Krakowski	V.P.-Treasurer & Comptroller	200 Park Avenue-33rd Floor New York, NY 10166
Peter D. Rutherford	V.P.-Investments	200 Park Avenue-33rd Floor New York, NY 10166
Marva M. Levine	Assistant Secretary	200 Park Avenue-33rd Floor New York, NY 10166
Christine A. Hillery	Assistant Comptroller	1095 Avenue of the Americas-31st Floor New York, NY 10036
Richard Weiss	Assistant Comptroller	1095 Avenue of the Americas-31st Floor New York, NY 10036
Robert J. Burden	Assistant Comptroller	1095 Avenue of the Americas-31st Floor New York, Ny 10036

DIRECTORS:

Thomas J. Cowey	Director	200 Park Avenue-33rd Floor New York, NY 10166
James J. Jordan	Director	200 Park Avenue -33rd Floor New York, NY 10166
Peter D. Rutherford	Director	200 Park Avenue-33rd Floor New York, NY 10166
Michael D. Flynn	Director	200 Park Avenue-33rd Floor New York, NY 10166



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84863** 2. Name of Corporation **NCC Charlie Company**

3. Street Address Principal Business Office **1095 Avenue of the Americas - Room 3142** City **New York** State **New York** Zip **10036**
4. Business Phone No. **212-499-3700** 5. State of Incorporation **DELAWARE** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island

Equipment Leasing

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X

President Name Richard E. Lucey Street Address 200 Park Avenue City State Zip New York NY 10166	Vice President Name Peter D. Rutherford Street Address 200 Park Avenue City State Zip New York NY 10166
Secretary Name Michael D. Flynn Street Address 200 Park Avenue City State Zip New York NY 10166	Treasurer Name Richard E. Krakowski Street Address 200 Park Avenue City State Zip New York NY 10166

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Richard E. Lucey Street Address 200 Park Avenue City State Zip New York NY 10166	Director Name Michael D. Flynn Street Address 200 Park Avenue City State Zip New York NY 10166
Director Name Peter D. Rutherford Street Address 200 Park Avenue City State Zip New York NY 10166	Director Name None Street Address City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1	Common	No Par	1	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/28/97

Check No.: 170

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard E. Krakowski 2/28/97
Signature of Officer Date

Richard E. Krakowski
Print or Type Name of Officer

Vice President, Treasurer & Comptroller
Title of Officer

NCC CHARLIE COMPANY
A STATEMENT ATTACHED TO AND MADE PART OF
STATE OF RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT 1997
F/Y/E 12/31/96

CORPORATE ID NO. 84863

STATEMENT # 1

Page 1, Line 8 Continued:

OFFICERS:

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
C. WESLEY REYNOLDS	V.P. - INVESTMENTS	200 PARK AVE - 33 RD. FLR. NEW YORK, N.Y. 10166
MARVA M. LEVINE	ASST SECRETARY	200 PARK AVE - 33 RD. FLR. NEW YORK, N.Y. 10166
JOSEPH A. TOMITZ	ASST TREASURER	1095 AVENUE OF THE AMERICAS - 31ST. FLR. NEW YORK, N.Y. 10036
ROSLYN G. GRIGOLEIT	ASST COMPTROLLER	1095 AVENUE OF THE AMERICAS - 31ST. FLR. NEW YORK, N.Y. 10036
CHRISTINE A. HILLERY	ASST COMPTROLLER	1095 AVENUE OF THE AMERICAS - 31ST. FLR. NEW YORK, N.Y. 10036
RICHARD WEISS	ASST COMPTROLLER	1095 AVENUE OF THE AMERICAS - 31ST. FLR. NEW YORK, N.Y. 10036

**PROFIT CORPORATON
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO: 84863
2 NAME OF CORPORATION: NCC CHARLIE COMPANY
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 1111 WESTCHESTER AVENUE
CITY: WHITE PLAINS STATE: NY ZIP CODE: 10604
4 BUSINESS PHONE NO: (914) 644-6875
5 STATE OF INCORPORATION: DELAWARE
6 SIC CODE: 7773
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: LEASING

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
RICHARD E LUCEY			C WESLEY REYNOLDS		
STREET ADDRESS			STREET ADDRESS		
200 PARK AVENUE			200 PARK AVENUE		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NEW YORK	NY	10166	NEW YORK	NY	10166
SECRETARY NAME			TREASURER NAME		
MICHAEL D FLYNN			RICHARD F KRAKOWSKI		
STREET ADDRESS			STREET ADDRESS		
200 PARK AVENUE			200 PARK AVENUE		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NEW YORK	NY	10166	NEW YORK	NY	10166

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
RICHARD E LUCEY			PETER D RUTHERFORD		
STREET ADDRESS			STREET ADDRESS		
200 PARK AVENUE			200 PARK AVENUE		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NEW YORK	NY	10166	NEW YORK	NY	10166
DIRECTOR NAME			DIRECTOR NAME		
MICHAEL D FLYNN					
STREET ADDRESS			STREET ADDRESS		
200 PARK AVENUE					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NEW YORK	NY	10166			

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
1	COMMON	No Par	1	COMMON	No Par

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 6/5/96
Check No: 9010003755
By: CC

Richard Krakowski
Signature of Officer
Richard Krakowski
Print or Type Name of Officer
6/3/96
Vice President, Treasurer & Comptroller
Title of Officer
Date

For Secretary of State Use Only