



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. 92120		2. Name of Corporation OneFed Leasing Corporation			
3. Street Address Principal Business Office One Financial Plaza			City Providence	State RI	Zip 02903
4. Business Phone No. 401-278-8504		5. State of Incorporation RHODE ISLAND			6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island ENGAGING IN LENDING AND LEASING TRANSACTIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Douglas H. Bowers			Vice President Name Jeffery N. Hayden		
Street Address One Financial Plaza			Street Address One Financial Plaza		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name C. Scott Stevenson			Treasurer Name David G. Gauthier		
Street Address One Financial Plaza			Street Address One Financial Plaza		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Douglas H. Bowers			Director Name David G. Gauthier		
Street Address One Financial Plaza			Street Address One Financial Plaza		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Jeffery N. Hayden			Director Name		
Street Address One Financial Plaza			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
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
8,000	\$0.01 PAR VALUE		100	Common	\$.01 per sh

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.

C. Scott Stevenson 2/17/05
Signature of Officer Date

C. Scott Stevenson
Print or Type Name of Officer
Secretary
Title of Officer

FILED
File Date MAR 11 2005 000646148
Check No.
By *CS*
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 92120
2. Name of Corporation OneFed Leasing Corporation
3. Street Address Principal Business Office ONE FINANCIAL PLAZA
City PROVIDENCE State RI Zip 02903
4. Business Phone No. 415-622-4656
5. State of Incorporation RHODE ISLAND
6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island
ENGAGING IN LENDING AND LEASING TRANSACTIONS.

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

President Name RONALD H CHAMIDES Street Address NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255 City	Vice President Name SUSAN D MAYS Street Address NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255 City
Secretary Name C SCOTT STEVENSON Street Address City State Zip	Treasurer Name DAVID W ARDEN Street Address City State Zip

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

Director Name RONALD H CHAMIDES Street Address City State Zip	Director Name JEFFREY N HAYDEN Street Address City State Zip
Director Name C SCOTT STEVENSON Street Address City State Zip	Director Name Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
8,000		\$.01 PAR VALUE

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

Number of Shares	Class/Series	Par Value
300	COMMON	.01

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



92120 DBC 01/25/05 11:10:45 AM
File Date 2/17/05
Check No. 6414510
By: DA
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: Susan D. Mays Date: 1-28-05
Print or Type Name of Officer: SUSAN D MAYS
Sr. V.P.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92120		2. Name of Corporation OneFed Leasing Corporation			
3. Street Address Principal Business Office One Financial Plaza			City Providence	State RI	Zip 02903
4. Business Phone No. 401-278-8504		5. State of Incorporation RHODE ISLAND			6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island ENGAGING IN LENDING AND LEASING TRANSACTIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald H. Chamides			Vice President Name Jeffery N. Hayden		
Street Address One Financial Plaza			Street Address One Financial Plaza		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name C. Scott Stevenson			Treasurer Name David G. Gauthier		
Street Address One Financial Plaza			Street Address One Financial Plaza		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald H. Chamides			Director Name Jeffery N. Hayden		
Street Address One Financial Plaza			Street Address One Financial Plaza		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name C. Scott Stevenson			Director Name		
Street Address One Financial Plaza			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
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
8,000	\$.01 PAR VALUE		100	Common	\$.01 per sh

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



9:24:20

File Date JAN 22 2004
 Check No. 74
 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] 12/30/03
 Signature of Officer Date
 C. Scott Stevenson
 Print or Type Name of Officer
 Secretary
 Title of Officer



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. **32120** 2. Name of Corporation **OneFed Leasing Corporation**

3. Street Address Principal Business Office **One Financial Plaza** City **Providence** State **RI** Zip **02903**

4. Business Phone No. **401-278-8504** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Leasing tangible personal property.

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

President Name **Ronald H. Chamides**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Vice President Name **Jeffery N. Hayden**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Secretary Name **C. Scott Stevenson**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Treasurer Name **David G. Gauthier**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

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

Director Name **Ronald H. Chamides**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **Jeffery N. Hayden**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **C. Scott Stevenson**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000	\$0.01 PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
100	Common	\$0.01 per sh

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



* 9 2 1 2 0 *

File Date: 3-31-03
Check No.: 2554003
By: [Signature]

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] 3/25/03
Signature of Officer Date

C. Scott Stevenson
Print or Type Name of Officer

Secretary
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. **92120** 2. Name of Corporation **OneFed Leasing Corporation**
3. Street Address Principal Business Office **One Financial Plaza**
4. Business Phone No. **(401) 278-8504** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Leasing tangible personal property

City **Providence** State **RI** Zip **02903**
6. SIC Code **6148**

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

President Name **Ronald H. Chamides**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Vice President Name **Jeffrey N. Hayden**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Secretary Name **C. Scott Stevenson**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Treasurer Name **David G. Gauthier**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

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

Director Name **Ronald H. Chamides**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **Jeffrey N. Hayden**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **C. Scott Stevenson**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **None**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares **8,000** Class/Series **\$.01** Par Value **PAR VALUE**

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

ISSUED SHARES
Number of Shares **100** Class/Series **Common** Par Value **\$.01 per sh**

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



* 9 2 1 2 0 *

File Date: 2-19-02
Check No.: 2171320
By: KMC

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.
C. Scott Stevenson
Signature of Officer Date
C. Scott Stevenson
Print or Type Name of Officer
Secretary
Title of Officer

OneFed Leasing Corporation

Unanimous Consent of Directors In Lieu of Annual Meeting


The undersigned, being all of the Directors of OneFed Leasing Corporation, a Rhode Island corporation (the "Corporation"), hereby consent, in lieu of an annual meeting, to the adoption of the following resolutions for and on behalf of the Corporation:

VOTED: That the following persons be, and they hereby are, elected to the offices set forth opposite their names to serve until the next annual meeting of the Corporation and until their respective successors are duly elected and qualified:

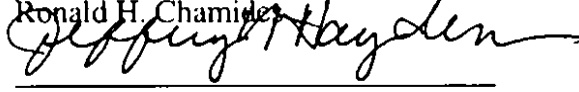
President	Ronald H. Chamides
Vice President	Jeffery N. Hayden
Vice President	Bennett F. Viverito
Vice President and Secretary	C. Scott Stevenson
Assistant Secretary	Mark A. Davis
Assistant Secretary	Kathleen M. Stachura
Treasurer	David G. Gauthier
Vice President & Assistant Treasurer	David W. Arden
Assistant Treasurer	Amy R. Nelson

VOTED: That all acts or actions taken by the officers of the Corporation since Unanimous Consent of Directors dated as of May 22, 2000 be, and they hereby are, ratified and affirmed.

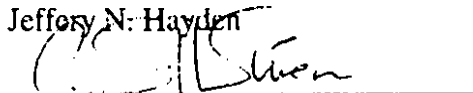
IN WITNESS WHEREOF, the undersigned have executed this consent as of the 9th day of April, 2001.



Ronald H. Chamides



Jeffery N. Hayden



C. Scott Stevenson



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **92120** 2. Name of Corporation **OneFed Leasing Corporation**

3. Street Address Principal Business Office **One Financial Plaza** City **Providence** State **RI** Zip **02903**

4. Business Phone No. **401-278-8621** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Leasing Tangible Personal Property

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

President Name **Ronald H. Chamides**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Vice President Name **Jeffery N. Hayden**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Secretary Name **C. Scott Stevenson**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Treasurer Name **David G. Gauthier**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

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

Director Name **Ronald H. Chamides**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **Jeffery N. Hayden**
Street Address **One Financial Plaza**
City **Providence** State **RI**

Director Name **C. Scott Stevenson**
Street Address **One Financial Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **None**
Street Address
City State

RECEIVED
CORPORATIONS DIVISION
STATE OF RHODE ISLAND
JAN 29 2 16 PM '01

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 SHS \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common \$.01 per sh

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



* 9 2 1 2 0 *

FILED

File Date: **JAN 29 2001**

Check No.: **By [Signature]**

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.

[Signature] **1-23-01**
Signature of Officer Date

C. Scott Stevenson
Print or Type Name of Officer

Secretary
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. **92120** 2. Name of Corporation **OneFed Leasing Corporation**

3. Street Address Principal Business Office City State Zip
50 Kennedy Plaza **Providence** **RI** **02903**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-278-3290 **RHODE ISLAND** **8148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Leasing Tangible Personal Property

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

President Name Ronald H. Chamides Street Address 50 Kennedy Plaza City State Zip Providence RI 02903	Vice President Name Jeffery N. Hayden Street Address 50 Kennedy Plaza City State Zip Providence RI 02903
Secretary Name C. Scott Stevenson Street Address 50 Kennedy Plaza City State Zip Providence RI 02903	Treasurer Name Richard R. Pannone Street Address 50 Kennedy Plaza City State Zip Providence RI 02903

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

Director Name Ronald H. Chamides Street Address 50 Kennedy Plaza City State Zip Providence RI 02903	Director Name Jeffery N. Hayden Street Address 50 Kennedy Plaza City State Zip Providence RI 02903
Director Name C. Scott Stevenson Street Address 50 Kennedy Plaza City State Zip Providence RI 02903	Director Name none Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS		\$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	\$.01 per sh

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



* 9 2 1 2 0 *

File Date: 1/20/00
Check No.: 1458161
By: [Signature]

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] 1/13/00
Signature of Officer Date
C. Scott Stevenson
Print or Type Name of Officer
Secretary
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. **92120** 2. Name of Corporation **OneFed Leasing Corporation**

3. Street Address Principal Business Office **50 Kennedy Plaza** City **Providence** State **Rhode Island** Zip **02903**

4. Business Phone No. **401-278-3290** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island
Leasing Tangible Personal Property

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

President Name **Ronald H. Chamides**
Street Address **50 Kennedy Plaza**
City **Providence** State **RI** Zip **02903**

Vice President Name **Jeffrey N. Hayden**
Street Address **50 Kennedy Plaza**
City **Providence** State **RI** Zip **02903**

Secretary Name **C. Scott Stevenson**
Street Address **50 Kennedy Plaza**
City **Providence** State **RI** Zip **02903**

Treasurer Name **Richard R. Pannone**
Street Address **50 Kennedy Plaza**
City **Providence** State **RI** Zip **02903**

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

Director Name **Ronald H. Chamides**
Street Address **50 Kennedy Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **C. Scott Stevenson**
Street Address **50 Kennedy Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **Jeffrey N. Hayden**
Street Address **50 Kennedy Plaza**
City **Providence** State **RI** Zip **02903**

Director Name **none**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 SHS \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common \$.01 per share

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



* 9 2 1 2 0 *

File Date: Jan 27 1999
Check No.: 1163850
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.

C. Scott Stevenson 1/26/99
Signature of Officer Date
C. Scott Stevenson
Print or Type Name of Officer
Secretary
Title of Officer



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. 92120 2. Name of Corporation OneFed Leasing Corporation
3. Street Address Principal Business Office 50 Kennedy Plaza City Providence State RI Zip 02903
4. Business Phone No. (401) 278-6178 5. State of Incorporation Rhode Island 6. SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Ronald H. Chamides</u> Street Address <u>50 Kennedy Plaza</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Vice President Name <u>Jeffrey N. Hayden</u> Street Address <u>50 Kennedy Plaza</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>
Secretary Name <u>C. Scott Stevenson</u> Street Address <u>50 Kennedy Plaza</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Treasurer Name <u>Richard R. Pannone</u> Street Address <u>50 Kennedy Plaza</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>

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

Director Name <u>Ronald H. Chamides</u> Street Address <u>50 Kennedy Plaza</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Director Name <u>Jeffrey N. Hayden</u> Street Address <u>50 Kennedy Plaza</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>
Director Name <u>C. Scott Stevenson</u> Street Address <u>50 Kennedy Plaza</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	

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

Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>Common</u>	<u>\$.01 per share</u>

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

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>\$.01 per share</u>

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

File Date: 3/1/98
Check No.: 915546
By: CS

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.
C. Scott Stevenson 3/5/98
Signature of Officer Date
C. Scott Stevenson
Print or Type Name of Officer
Secretary
Title of Officer



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. **92120** 2. Name of Corporation **OneFed Leasing Corporation**
3. Street Address Principal Business Office **50 Kennedy Plaza** City **Providence** State **Rhode Island** Zip **02903**
4. Business Phone No. **(401) 278-6178** 5. State of Incorporation **Rhode Island** 6. SIC Code **6148**

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

Leasing Tangible Personal Property

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

President Name Ronald H. Chamides Street Address 50 Kennedy Plaza City State Zip Providence R.I. 02903 Secretary Name C. Scott Stevenson Street Address 50 Kennedy Plaza City State Zip Providence RI 02903	Vice President Name Jeffery N. Hayden Street Address 50 Kennedy Plaza City State Zip Providence RI 02903 Treasurer Name Richard R. Pannone Street Address 50 Kennedy Plaza City State Zip Providence RI 02903
--	--

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

Director Name Ronald H. Chamides Street Address 50 Kennedy Plaza City State Zip Providence RI 02903 Director Name C. Scott Stevenson Street Address 50 Kennedy Plaza City State Zip Providence RI 02903	Director Name Jeffery N. Hayden Street Address 50 Kennedy Plaza City State Zip Providence RI 02903
--	--

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
8000	Common	\$.01 per share	100	Common	\$.01 per share

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

File Date: 3.5.97
Check No.: 037505
By: ICP

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: C. Scott Stevenson Date: 3/3/97
Print or Type Name of Officer: C. Scott Stevenson
Title of Officer: Secretary

CORPORATE DATA SHEET

(No. 214)

NAME: OneFed Leasing CorporationPRINCIPAL BUSINESS ADDRESS: 50 Kennedy Plaza, Providence, RI 02903STATE OF INCORPORATION: Rhode IslandDATE OF INCORPORATION: November 6, 1996STATES OF QUALIFICATIONS:AMENDMENTS TO ARTICLES:DIRECTORS:

Ronald H. Chamides
 Jeffery N. Hayden
 C. Scott Stevenson

OFFICERS:

President	Ronald H. Chamides
Vice President	Jeffery N. Hayden
Vice President	Bennett F. Viverito
Vice President	Stephen J. O'Leary
Vice President	John F. Lahiff
Vice President and Secretary	C. Scott Stevenson •
Assistant Secretary	Edward H. Kammerer•
Assistant Secretary	Mark A. Davis •
Assistant Secretary	Kathleen M. Stachura
Treasurer	Richard R. Pannone
Assistant Treasurer	Nora B. Nikola
Assistant Treasurer	David G. Gauthier
Assistant Treasurer	Amy R. Nelson
Assistant Treasurer	Daniel J. Sweeney

SHARES AUTHORIZED:

<u>NUMBER</u>	<u>CLASS</u>	<u>PAR VALUE</u>
8,000	Common	\$0.01 per share

STOCK CERTIFICATES OUTSTANDING:

Certificate #1 for 100 shares issued to Fleet National Bank dated 12/01/96 - Transferred on 12/02/96 to Fleet Holding Corp.

Certificate #2 for 100 shares issued to Fleet Holding Corp. - Transferred on 12/02/96 to Fleet Capital Corporation

Certificate #3 for 100 shares issued to Fleet Capital Corporation

ANNUAL MEETING: Second Monday in April

EIN: 05-0493751

REGISTERED AGENT: C. Scott Stevenson, 50 Kennedy Plaza, Providence, RI 02903