FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **822976** **(7)**

1. Corporation Name
M&I FIRST NATIONAL LEASING CORP.

Principal Place of Business	Mailing Address
250 E. WISCONSIN AVE STE 1400 MILWUKEE WI 53202 US	250 E. WISCONSIN AVE STE 1400 MILWUKEE WI 53202 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1969
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 39-1168502 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FVT	1.1 TITLE	☐ Change ☒ Addition
NAME	MARSHAK, LEWIS J	1.2 NAME	
STREET ADDRESS	2130 W.WOODBURY LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE WI	1.4 CITY-ST-ZIP	53209
TITLE	EVP	2.1 TITLE	EVP/D ☒ Change ☒ Addition
NAME	KOLP, CASEY J	2.2 NAME	
STREET ADDRESS	5150 S.MALLARD CR.	2.3 STREET ADDRESS	8855 Rocky Point Road
CITY-ST-ZIP	GREENFIELD WI	2.4 CITY-ST-ZIP	Brookfield WI 53005
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	VELKY, ALBERT J	3.2 NAME	Remove
STREET ADDRESS	13988 BENNINGTON	3.3 STREET ADDRESS	Deceased
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH	3.4 CITY-ST-ZIP	
TITLE	PC	4.1 TITLE	PC/D ☐ Change ☒ Addition
NAME	ORNDORFF, RONALD D	4.2 NAME	
STREET ADDRESS	2927 WOODFIELD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI	4.4 CITY-ST-ZIP	53092
TITLE	S	5.1 TITLE	☐ Change ☒ Addition
NAME	HATFIELD, MICHAEL	5.2 NAME	
STREET ADDRESS	6031 N LAKE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHITEFISH BAY WI	5.4 CITY-ST-ZIP	53217
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 Lewis J. Marshak LEWIS J. MARSHAK 4-19-95 (414)272-7715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

64Y083 FF