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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 53202-4218 US

3. Date Incorporated or Qualified: **06/27/1969**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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	VT	☒ DELETE	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		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOLP, CASEY J		2.2 NAME		
STREET ADDRESS	88 S.E. ROCKY POINT ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ORNDORFF, RONALD D		3.2 NAME		
STREET ADDRESS	2927 WOODFIELD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MEQUON WI		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HATFIELD, MICHAEL		4.2 NAME		
STREET ADDRESS	6031 N LAKE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WHITEFISH BAY WI		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	Abplanalp, David W.		5.2 NAME	Abplanalp, David W.	
STREET ADDRESS	N27 W22356 Stonewood Lane		5.3 STREET ADDRESS	N27 W22356 Stonewood La	
CITY-ST-ZIP	Waukesha WI 53186		5.4 CITY-ST-ZIP	Waukesha WI 53186	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Thomas P. Podewils	
STREET ADDRESS			6.3 STREET ADDRESS	2295 Parkside Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New Berlin WI 53151	

CR2E034 (9/96)

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: Thomas P. Podewils **Thomas P. Podewils, VP 1/24/97 (414) 272-9743**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #