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

0527349

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Mar 26, 1999 8:00 am**
**Secretary of State**
03-26-1999 90019 018 ***150.00

DOCUMENT # 822976

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

| Principal Place of Business | Mailing Address |
|---|---|
| 250 E. WISCONSIN AVE<br>STE 1400<br>MILWAUKEE WI 53202<br>US | 250 E. WISCONSIN AVE<br>STE 1400<br>MILWAUKEE WI 53202<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1969

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. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KOLP, CASEY J | | 1.2 NAME | | |
| STREET ADDRESS | 885 E ROCKY POINT ROAD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BROOKFIELD WI 53005 | | 1.4 CITY-ST-ZIP | | |
| TITLE | AVPS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STEELE, SANDRA J | | 2.2 NAME | | |
| STREET ADDRESS | 10180-H WHITNALL EDGE CIRCLE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FRANKLIN WI 53132 | | 2. 4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HATFIELD, MICHAEL | | 3.2 NAME | | |
| STREET ADDRESS | 6031 N LAKE DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WHITEFISH BAY WI | | 3.4. CITY-ST-ZIP | | |
| TITLE | SVP | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WESTON ROWAN | | 4. 2 NAME | | |
| STREET ADDRESS | 6031 N. LAKE DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WHITEFISH BAY WI 53217 | | 4.4 CITY-ST-ZIP | | |
| TITLE | TC | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ABPLANALP, DAVID W | | 5.2 NAME | | |
| STREET ADDRESS | N27 W22356 STONEWOOD LANE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WAUKESHA WI 53186 | | 5.4 CITY-ST-ZIP | | |
| TITLE | CEO | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRASER, JOSEPH | | 6.2 NAME | | |
| STREET ADDRESS | 20670 MANCHESTER COURT | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BROOKFIELD WI 53045 | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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:** DONALD R. PLUED Dave Abplanalp 3-18-99 414 272-2374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #