

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822976

FILED
Feb 12, 2008
Secretary of State

Entity Name: M&I EQUIPMENT FINANCE COMPANY

Current Principal Place of Business:

250 E. WISCONSIN AVE
STE 1400
MILWAUKEE, WI 53202 US

New Principal Place of Business:

Current Mailing Address:

250 E. WISCONSIN AVE
STE 1400
MILWAUKEE, WI 53202 US

New Mailing Address:

FEI Number: 39-1168502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PODEWILS, THOMAS
Address: 250 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: VP () Delete
Name: JENSEN, CHRISTINE
Address: 250 E WISCONSIN AVE STE 1400
City-St-Zip: MILWAUKEE, WI 53202

Title: S () Delete
Name: MCBRIDE, GINA
Address: 770 N WATER STREET
City-St-Zip: MILWAUKEE, WI 53202

Title: D () Delete
Name: HOGAN, MARK R
Address: 770 N WATER STREET
City-St-Zip: MILWAUKEE, WI 53202

Title: TC () Delete
Name: ABPLANALP, DAVID W
Address: 20710 BARTLETT DR
City-St-Zip: BROOKFIELD, WI 53045

Title: D () Delete
Name: FURLONG, MARK
Address: 770 N WATER STREET
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRUCKNER, TIMOTHY
Address: 250 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TC (X) Change () Addition
Name: ABPLANALP, DAVID W
Address: 250 E WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE JENSEN

VP

02/12/2008

Electronic Signature of Signing Officer or Director

Date