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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F96000006471 (4)

ALS LEASING, INC.

Principal Place of Business Mailing Address

Mailing Audress

FILED Feb 18 1998 8:00am Secretary of State



450 N. SUNNYSLOPE RD. STE 300 BROOKFIELD WI 53005			450 N. SUNNYSLOPE RD. STE 300 BROOKFIELD WI \$3005		DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified 12/11/1996	
. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
il		26			39-1868495	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
		27			5. Certificate of States besited	Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	ry	8. This corporation owes or has paid the	current year Intangible
<u></u>	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Cu	rrent Registered Agent		41	10. Name and Address of New Register	ed Agent
	CORPORATION SYSTEM		8.	1 Name		
	0 SOUTH PINE ISLAND ROA NTATION FL 33324	ND	82	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83	3		
			84	4 City	F	85 Zip Code
1. Pursuant to office or re- agent. I am	o the provisions of Sections 607. glstered agent, or both, in the St n familiar with, and accept the of	0502 and 607.1508, Florida Statate of Florida. Such change was bligations of, Section 607.0505.	tutes, the abors s authorized b Florida Statute	ve-named cor by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
IGNATURE _						
	Signature, typed or printed name of registered	d agent and tille if applicable. (N AND DIRECTORS		gent signature requ	ured when reinstaling) DATE	
Z. TLE	D	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
VME	PETTY JR, WILLIAM G	□ pretir	1,2 NAME			E cuando E valumon
TREET ADDRESS	184 SHUMAN BLVD, STE	200				
	NAPERVILLE IL	200	1	et address		
TY-ST-ZIP	PD	DELETE	1.4 CITY- 2.1 TITLE			Change Addition
AME	LASKY, WILLIAM F	נ_] טנננונ		1		LI Change LI Addition
(450 N SUNNYSLOPE DR.	STE 200	2.2 NAME			
REET ADDRESS	BROOKFIELD WI	O12 300		et address		
TY-ST-ZIP	VDAS				•	
		DEFETE	2.4 CITY		, i.	Change Addition
- 1		DELETE	3.1 TITLE		<u> </u>	☐ Change ☐ Addition
AME	KNEEN, JOHN W		3.1 TITLE 3.2 NAME		<u></u>	☐ Change ☐ Addition
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4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplicional 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:

Am Fifely Thomas E. Kopula 11

1/14/98 (414) 789-9565