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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90023 042 ***158.75



PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # F96000006471

1. Corporation Name
ALS LEASING, INC.



Principal Place of Business
**450 N. SUNNYSLOPE RD. STE 300
 BROOKFIELD WI 53005**

Mailing Address
**450 N. SUNNYSLOPE RD. STE 300
 BROOKFIELD WI 53005**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1996

4. FEI Number
39-1868495 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

TITLE DELETE

NAME **D PETTY JR, WILLIAM G**

STREET ADDRESS **184 SHUMAN BLVD, STE 200**

CITY-ST-ZIP **NAPERVILLE IL**

TITLE DELETE

NAME **PD LASKY, WILLIAM F**

STREET ADDRESS **450 N SUNNYSLOPE DR, STE 300**

CITY-ST-ZIP **BROOKFIELD WI**

TITLE DELETE

NAME **VDAS KNEEN, JOHN W**

STREET ADDRESS **184 SHUMAN BLVD, STE 200**

CITY-ST-ZIP **NAPERVILLE IL**

TITLE DELETE

NAME **VST KOMULA, THOMAS E**

STREET ADDRESS **450 N SUNNYSLOPE DR, STE 300**

CITY-ST-ZIP **BROOKFIELD WI**

TITLE DELETE

NAME **VAS (Director) Mark Ohlendorf**

STREET ADDRESS **450 N SUNNYSLOPE ROAD, STE 300**

CITY-ST-ZIP **BROOKFIELD, WI 53005**

TITLE DELETE

NAME **VAS John Peterson**

STREET ADDRESS **450 N. SUNNYSLOPE ROAD, STE 300**

CITY-ST-ZIP **BROOKFIELD, WI 53005**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: THOMAS E. KOMULA **THOMAS E. KOMULA** 9-22-99 414-641-7563
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)