

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90009 046 \*\*\*158.75

**DOCUMENT # F96000006471**

1. Entity Name  
**ALS LEASING, INC.**

Principal Place of Business

**10000 INNOVATION DR  
 TAX DEPT  
 MILWAUKEE WI 53226**

Mailing Address

**10000 INNOVATION DR  
 TAX DEPT  
 MILWAUKEE WI 53226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**39-1868495**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **COPD**  Delete  
 NAME: **VICK, STEVEN L**  
 STREET ADDRESS: **10000 INNOVATION DR**  
 CITY-ST-ZIP: **MILWAUKEE WI 53226**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **VPAS**  Delete  
 NAME: **FERGE, KRISTIN A**  
 STREET ADDRESS: **10000 INNOVATION DR**  
 CITY-ST-ZIP: **MILWAUKEE WI 53226**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **VASD**  Delete  
 NAME: **OHLENDORF, MARK**  
 STREET ADDRESS: **10000 INNOVATION DR**  
 CITY-ST-ZIP: **MILWAUKEE WI 53226**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **VPAS**  Delete  
 NAME: **KRUPPGORDON, GERI**  
 STREET ADDRESS: **10000 INNOVATION DR**  
 CITY-ST-ZIP: **MILWAUKEE WI 53226**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **VPAS**  Delete  
 NAME: **GEONNOTT, ANTHONY R JR**  
 STREET ADDRESS: **10000 INNOVATION DRIVE**  
 CITY-ST-ZIP: **MILWAUKEE WI 53226**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristin A Ferge* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

Daytime Phone #

CR2E034 (9/01)