


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90026 043 \*\*\*150.00

<b>DOCUMENT # F98000001835</b>	
1. Entity Name <b>REPUBLIC LEASING CORPORATION</b>	

Principal Place of Business <b>701 XENIA AVENUE S SUITE 220 ST LOUIS PARK, MN 55416</b>	Mailing Address <b>701 XENIA AVENUE S SUITE 220 ST LOUIS PARK, MN 55416</b>
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**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>41-0940841</b>	Applied For <input type="checkbox"/> Not Applicable
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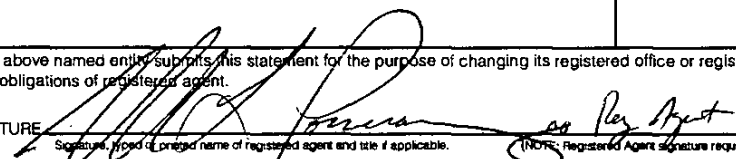
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**POMERANZ, MARK L  
12955 BISCAYNE BLVD., #202  
NORTH MIAMI, FL 33181**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  as Reg. Agent DATE **4/26/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTHER, DAVID C 16 PADOCK ROAD EDINA, MN 55436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LUTHER, R. DAN 72 WOODLAND CIRCLE EDINA, MN 55436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILBERT, BARBARA 17620 SUNRISE COURT PRIOR LAKE, MN 55372
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gallagher, Michael 214 Hawthorne Rd Hopkins, MN 55343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **5/12/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #