

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90017 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P11991**

1. Corporation Name  
**M&I DEALER FINANCE, INC.**



Principal Place of Business 7600 W LAYTON AVE #200 MILWAUKEE WI 53220-3705	Mailing Address 7600 W LAYTON AVE #200 MILWAUKEE WI 53220-3705
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/03/1986**

2. Principal Place of Business 21 11548 W. Theo Trecker Way Suite, Apt. #, etc.	2a. Mailing Address 26 11548 W. Theo Trecker Way Suite, Apt. #, etc.
---	--

4. FEI Number  
**39-1425168**

Applied For	Not Applicable
-------------	----------------

22 City & State 23 West Allis Wisconsin Zip Country 24 53214 25 USA	27 City & State 28 West Allis Wisconsin Zip Country 29 53214 30 USA
--	--

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'NEILL, THOMAS	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARQUISS, GARRY	
STREET ADDRESS	11548 W THEODORE TRECKER WY	
CITY-ST-ZIP	WEST ALLIS WI 53214	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HATFIELD, MICHAEL	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI 53214	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHEAFFER, SCOTT	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	SA	<input type="checkbox"/> DELETE
NAME	STROEBEL, VICKIE L	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	O	<input type="checkbox"/> DELETE
NAME	MERLET, GERALD	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI 53202	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Garry Marquiss*  
 SIGNATURE (DO NOT TYPE) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 (414) 302-3401  
 Date Daytime Phone #

CR2E034 (11/98)