

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90164 044 \*\*\*150.00

**DOCUMENT # P11991**  
 1. Entity Name  
**M&I DEALER FINANCE, INC.**

Principal Place of Business      Mailing Address  
**11548 W. THEO TRECKER WAY**      **11548 W. THEO TRECKER WAY**  
**WEST ALLIS WI 53214**      **WEST ALLIS WI 53214**

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      Applied For  
**39-1425168**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD O'NEILL, THOMAS	TITLE	
STREET ADDRESS	770 N WATER ST	STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	CITY-ST-ZIP	
TITLE	VD MARQUISS, GARRY	TITLE	
STREET ADDRESS	11548 W THEODORE TRECKER WY	STREET ADDRESS	
CITY-ST-ZIP	WEST ALLIS WI 53214	CITY-ST-ZIP	
TITLE	SD HATFIELD, MICHAEL	TITLE	
STREET ADDRESS	770 N WATER ST	STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53214	CITY-ST-ZIP	
TITLE	TD SCHEAFFER, SCOTT	TITLE	
STREET ADDRESS	770 N WATER ST	STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	CITY-ST-ZIP	
TITLE	O GEISEL, CHRISTINE M	TITLE	
STREET ADDRESS	770 N WATER ST	STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	CITY-ST-ZIP	
TITLE	O MERLET, GERALD	TITLE	
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9. 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: Garry Marquiss      DATE: 1/23/02      DAYTIME PHONE #: (414) 362-3401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)