


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90085 004 \*\*\*150.00

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



Principal Place of Business  
 11548 W. THEO TRECKER WAY  
 WEST ALLIS, WI 53214

Mailing Address  
 11548 W. THEO TRECKER WAY  
 WEST ALLIS, WI 53214

**40015423**



02042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 39-1425168	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 O'NEILL, THOMAS 770 N WATER ST MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCBRIDE, GINA 770 N. WATER ST. WEST ALLIS, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHEAFFER, SCOTT 11548 W. THEODORE TRECKER MILWAUKEE, WI 53214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BIEGER, BRIAN 11548 W. THEODORE TRACKER WAY WEST ALLIS, WI 53214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEMPEL, DOUG 11548 W. THEODORE TRACKER MILWAUKEE, WI 53214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Jim Newman 11548 W. Theodore Trecker Way West Allis, WI 53214

**DO NOT WRITE 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: James Newman **JAMES NEWMAN** 2/8/05 (414) 302-6439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #