

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11991

FILED
Feb 04, 2009
Secretary of State

Entity Name: M&I DEALER FINANCE, INC.

Current Principal Place of Business:

11548 W. THEODORE TRECKER WAY
WEST ALLIS, WI 53214

New Principal Place of Business:

Current Mailing Address:

11548 W. THEODORE TRECKER WAY
WEST ALLIS, WI 53214

New Mailing Address:

FEI Number: 39-1425168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'NEILL, THOMAS
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

Title: ST () Delete
Name: MCBRIDE, GINA
Address: 770 N. WATER ST.
City-St-Zip: WEST ALLIS, WI 53202

Title: TD () Delete
Name: SCHEAFFER, SCOTT
Address: 11548 W. THEODORE TRECKER
City-St-Zip: MILWAUKEE, WI 53214

Title: SVPD () Delete
Name: BIEGER, BRIAN
Address: 11548 W. THEODORE TRACKER WAY
City-St-Zip: WEST ALLIS, WI 53214

Title: VPD () Delete
Name: HEMPEL, DOUGLAS
Address: 11548 W. THEODORE TRACKER
City-St-Zip: MILWAUKEE, WI 53214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS HEMPEL

VP/D

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date