

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

**FILED**

**Mar 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P35159 (3)**  
1. Corporation Name  
**U.S. BANCORP LEASING & FINANCIAL, INC.**



Principal Place of Business <b>825 NE MULTNOMAH 875 PORTLAND OR 97232 US</b>	Mailing Address <b>US BANCORP 111 SW 5TH AVENUE (T-2) PORTLAND OR 97204 US</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/19/1991</b>		4. FEI Number <b>93-0594454</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 <b>7659 SW Mohawk Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>601 Second Ave. South</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
22 City & State 23 <b>Tualatin, OR</b>	27 <b>MPPFP2804</b> City & State 28 <b>Minneapolis, MN</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
24 <b>97062</b> Country 25 <b>USA</b>	29 <b>55402</b> Country 30 <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P/D</b>
NAME	<b>LANGER, CHARLES C.</b>	1.2 NAME	
STREET ADDRESS	<del>825 NE MULTNOMAH, #875</del>	1.3 STREET ADDRESS	<b>7659 S.W. Mohawk Street</b>
CITY-ST-ZIP	<del>PORTLAND, OR</del>	1.4 CITY-ST-ZIP	<b>Tualatin, OR 97062-9190</b>
TITLE	<b>S</b>	2.1 TITLE	<b>S</b>
NAME	<b>GOLDBERG, DEBORAH B.</b>	2.2 NAME	<b>James L. Chosy</b>
STREET ADDRESS	<b>111 S.W. 5TH AVE. (T-2)</b>	2.3 STREET ADDRESS	<b>601 Second Ave. South</b>
CITY-ST-ZIP	<b>PORTLAND OR 97204</b>	2.4 CITY-ST-ZIP	<b>Minneapolis, MN 55402</b>
TITLE	<b>V</b>	3.1 TITLE	<b>T</b>
NAME	<b>CRUTCHER, EDWIN L.</b>	3.2 NAME	<b>David J. Parrin</b>
STREET ADDRESS	<b>825 N.E. MULTNOMAH, #875</b>	3.3 STREET ADDRESS	<b>601 Second Ave. South</b>
CITY-ST-ZIP	<b>PORTLAND OR</b>	3.4 CITY-ST-ZIP	<b>Minneapolis, MN 55402</b>
TITLE	<b>V</b>	4.1 TITLE	<b>VP/D</b>
NAME	<b>LAWRENCE, WESLEY W.</b>	4.2 NAME	<b>Sally A. Oberstar</b>
STREET ADDRESS	<b>825 N.E. MULTNOMAH, #875</b>	4.3 STREET ADDRESS	<b>601 Second Ave. South</b>
CITY-ST-ZIP	<b>PORTLAND OR</b>	4.4 CITY-ST-ZIP	<b>Minneapolis, MN 55402</b>
TITLE	<b>V</b>	5.1 TITLE	<b>D</b>
NAME	<b>JORDAN, JERRY L.</b>	5.2 NAME	<b>Gary T. Duim</b>
STREET ADDRESS	<b>825 N.E. MULTNOMAH, #875</b>	5.3 STREET ADDRESS	<b>7659 S.W. Mohawk Street</b>
CITY-ST-ZIP	<b>PORTLAND OR</b>	5.4 CITY-ST-ZIP	<b>Tualatin, OR 97062-9190</b>
TITLE	<b>V</b>	6.1 TITLE	<b>D</b>
NAME	<b>GRIFFIN, THOMAS J.</b>	6.2 NAME	<b>Daniel C. Rohr</b>
STREET ADDRESS	<b>825 N.E. MULTNOMAH, #875</b>	6.3 STREET ADDRESS	<b>601 Second Ave. South</b>
CITY-ST-ZIP	<b>PORTLAND OR</b>	6.4 CITY-ST-ZIP	<b>Minneapolis, MN 55402</b>

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.

SIGNATURE: \_\_\_\_\_ James L. Chosy 2/19/98 (612) 973-0359

CR2E034 (10/97)