


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P35159
 1. Entity Name
 U.S. BANCORP EQUIPMENT FINANCE, INC.



Principal Place of Business Mailing Address
 13010 SW 68TH PKWY 13010 SW 68TH PKWY
 PORTLAND, OR 97223 US PORTLAND, OR 97223 US

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 93-0594454 Not Applicable

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

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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

1000001 10202
 12/04-50779-011 190.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PURCELL, WILLIAM 13010 SW 68TH PKWY PORTLAND, OR 97223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BEDNARSKI, LAURA F 800 NICOLLET MALL, 21ST FL MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BIBLE, DARYL 800 NICOLLET MALL, 18TH FL MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPAS ALLEN, GERTRUDE K 13010 SW 68TH PKWY PORTLAND, OR 97223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HASTEN, JOESPH 1 FIRSTAR PLAZA, 14TH FL SAINT LOUIS, MO 63101
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BATTLES, DENNIS O 1 FIRSTAR PLAZA, 14TH FL SAINT LOUIS, MO 63101

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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: *Gertrude K Allen, Gertrude K. Allen, Assistant Secretary, Apr. 7, 2004 503-797-0217*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date and Phone #