

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:28

DOCUMENT # **830052** (7)

1. Corporation Name  
**ZIEGLER LEASING CORPORATION**

Principal Place of Business: **215 NORTH MAIN STREET WEST BEND WI 53095**  
Mailing Address: **215 NORTH MAIN STREET WEST BEND WI 53095**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/24/1973</b>		3a. Date of Last Report <b>03/29/1994</b>	
4. FEI Number <b>39-1148992</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21	Suite, Apt # etc			26	Suite, Apt # etc		
22	City & State			27	City & State		
23	Zip	Country	25	29	Zip	Country	30

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

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, Sect. 607.0502, Florida Statutes.

SIGNATURE: DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEDLMEIER, MARK</b>	1.2 NAME	
STREET ADDRESS	<b>11015 W. FLORIST</b>	1.3 STREET ADDRESS	<b>1824 WHITE PINES TRAIL</b>
CITY, ST, ZIP	<b>MILWAUKEE WI</b>	1.4 CITY, ST, ZIP	<b>RICHEYFIELD, WI 53076</b>
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, JANINE R</b>	2.2 NAME	
STREET ADDRESS	<b>629 MAPLE STREET</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>WEST BEND WI</b>	2.4 CITY, ST, ZIP	
TITLE	<b>CEO</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, JOHN J</b>	3.2 NAME	
STREET ADDRESS	<b>1520 RIDGEWOOD DR</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>W BEND, WI 00000</b>	3.4 CITY, ST, ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN HORN, LYNN R.</b>	4.2 NAME	
STREET ADDRESS	<b>W72 N1001 HARRISON AVE.</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>CEDARBURG WI</b>	4.4 CITY, ST, ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANVOOREN, VERNON C</b>	5.2 NAME	
STREET ADDRESS	<b>1322 HAWTHORNE DR</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>W BEND, WI 00000</b>	5.4 CITY, ST, ZIP	
TITLE	<b>AT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VREDENBREGT, JEFF C.</b>	6.2 NAME	
STREET ADDRESS	<b>2826 W GRACE AVENUE</b>	6.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MEQUON WI</b>	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and complies with the exemption stated in Section 119.07(2)(b), 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 person or person 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 as an attachment with an affidavit.

SIGNATURE: **MARK E. SEDLMEIER** 3/23/95 414-334-5521