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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 53095-3317



3. Date Incorporated or Qualified 04/24/1973  
3a. Date of Last Report 04/29/1996

4. FEI Number 39-1148992  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 280 LONG RIDGE ROAD  
STAMFORD, CT 06927-9822  
City & State

27 280 LONG RIDGE ROAD  
STAMFORD, CT 06927-9822  
City & State

23 Zip

28 Zip

24 Country USA

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO  
NAME SEDLMEIER, MARK  
STREET ADDRESS 1824 WHITE PINES TRAIL  
CITY-ST-ZIP RICHFIELD WI  
☐ DELETE

TITLE S  
NAME SCHMIDT, JANINE R  
STREET ADDRESS 629 MAPLE STREET  
CITY-ST-ZIP WEST BEND WI  
☐ DELETE

TITLE VPD  
NAME PETER D. ZIEGLER  
STREET ADDRESS 4363 STONEY LANE  
CITY-ST-ZIP SLINGER WI  
☐ DELETE

TITLE TD  
NAME VAN HORN, LYNN R.  
STREET ADDRESS W72 N1001 HARRISON AVE.  
CITY-ST-ZIP CEDARBURG WI  
☐ DELETE

TITLE AS  
NAME VANVOOREN, VERNON C  
STREET ADDRESS 1322 HAWTHORNE DR  
CITY-ST-ZIP W BEND, WI 00000  
☐ DELETE

TITLE AT  
NAME VREDENBREGT, JEFF C.  
STREET ADDRESS 2826 W GRACE AVENUE  
CITY-ST-ZIP MEQUON WI  
☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

SEE  
ATTACHED

14. I do 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: Gary J. Schulman 4-27-97 203-357-4541  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)