

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 850338 (5)

1. Corporation Name

NAFCO LEASING, INC.



Principal Place of Business

12755 STATE HWY 55
MINNEAPOLIS MN 55441

Mailing Address

12755 STATE HWY 55
MINNEAPOLIS MN 55441

3. Date Incorporated or Qualified
09/11/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 P O Box 59159

Suite, Apt. #, etc.

27 ATTN: Tax Dept.

City & State

28 Minneapolis MN

29 Zip Country

4. FEI Number

41-1367179

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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TV ☐ DELETE
NAME DIRACLES, J.M.
STREET ADDRESS 12755 STATE HWY 55
CITY-ST-ZIP MINNEAPOLIS, MN 00000

TITLE CD ☐ DELETE
NAME CARLSON, C L
STREET ADDRESS 12755 STATE HWY 55
CITY-ST-ZIP MINNEAPOLIS, MN 00000

TITLE V ☐ DELETE
NAME HAMANN, D M
STREET ADDRESS 12755 STATE HWY 55
CITY-ST-ZIP MINNEAPOLIS, MN 00000

TITLE P ☐ DELETE
NAME NAGEL, JOHN R
STREET ADDRESS 12755 STATE HWY 55
CITY-ST-ZIP MINNEAPOLIS, MN 00000

TITLE SV ☐ DELETE
NAME BEARMON, L
STREET ADDRESS 12755 STATE HWY 55
CITY-ST-ZIP MINNEAPOLIS, MN 00000

TITLE V ☐ DELETE
NAME DREYLING, GARY
STREET ADDRESS 12755 STATE HWY 55
CITY-ST-ZIP MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

500001807615
-05/04/96--01005--093
***200.00

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JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrel M. Hamann, Vice Pres.-Tax 4-22-96 612-540-5883

Date

Daytime Phone #

CR2E034 (12/95)