

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005337

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: SUNRISE INTERNATIONAL LEASING CORPORATION

## Current Principal Place of Business:

5500 WAYZATA BLVD., SUITE 1400  
GOLDEN VALLEY, MN 55416

## New Principal Place of Business:

6465 WAYZATA BLVD., SUITE 310  
ST LOUIS PARK, MN 55426

## Current Mailing Address:

5500 WAYZATA BLVD., SUITE 1400  
GOLDEN VALLEY, MN 55416

## New Mailing Address:

6465 WAYZATA BLVD., SUITE 310  
ST LOUIS PARK, MN 55426

FEI Number: 41-1578175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: KING, PETER J  
Address: 5500 WAYZATA BLVD., SUITE 1400  
City-St-Zip: GOLDEN VALLEY, MN 55416

Title: D (X) Delete  
Name: HIGGINS, STEPHEN D  
Address: 23785 STEHLER ROAD  
City-St-Zip: LORETTA, MN 55357

Title: D ( ) Delete  
Name: KING, RUSSELL S  
Address: 5967 HIGHVIEW PLACE  
City-St-Zip: SHOREVIEW, MN 551268485

Title: VSC (X) Delete  
Name: TEAL, JAMES C  
Address: 5500 WAYZATA BLVD., SUITE 1400  
City-St-Zip: GOLDEN VALLEY, MN 55416

Title: ACAS (X) Delete  
Name: TEAL, JAMES C  
Address: 5500 WAYZATA BLVD., SUITE 1400  
City-St-Zip: GOLDEN VALLEY, MN 55416

Title: D (X) Delete  
Name: PREBLE, KENNETH J  
Address: 3161 ROBINSON DRIVE  
City-St-Zip: OAKLAND, CA 94602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: KING, PETER J  
Address: 6465 WAYZATA BLVD., SUITE 310  
City-St-Zip: ST LOUIS PARK, MN 55426

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL KING

D

04/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date