

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003773

FILED
Jan 03, 2005
Secretary of State

Entity Name: ONYX LEASING CORP.

Current Principal Place of Business:

125 S. 84TH STREET, STE 200
MILWAUKEE, WI 53214

New Principal Place of Business:

Current Mailing Address:

125 S. 84TH STREET, STE 200
MILWAUKEE, WI 53214

New Mailing Address:

FEI Number: 39-2030141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: JENKS, PAUL R
Address: 125 SOUTH 84TH ST., STE 200
City-St-Zip: MILWAUKEE, WI 53214

Title: S () Delete
Name: SLATTERY, MICHAEL K
Address: 125 SOUTH 84TH ST., STE 200
City-St-Zip: MILWAUKEE, WI 53214

Title: TD () Delete
Name: FARR, GEORGE K
Address: 1605 MAIN STREET, SUITE 711
City-St-Zip: SARASOTA, FL 34236

Title: AT () Delete
Name: BRUCKERT, RAPHAEL B
Address: 1605 MAIN STREET, SUITE 711
City-St-Zip: SARASOTA, FL 34236

Title: AT () Delete
Name: KARIUS, HENRY P
Address: 125 SOUTH 84TH ST., STE 200
City-St-Zip: MILWAUKEE, WI 53214

Title: VP () Delete
Name: ADIX, JEFFREY P
Address: 125 SOUTH 84TH STREET, SUITE 200
City-St-Zip: MILWAUKEE, WI 53214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: FARR, GEORGE K
Address: 700 EAST BUTTERFIELD, SUITE 201
City-St-Zip: LOMBARD, IL 60148

Title: AT (X) Change () Addition
Name: BRUCKERT, RAPHAEL B
Address: 700 EAST BUTTERFIELD, SUITE 201
City-St-Zip: LOMBARD, IL 60148

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 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 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: PAUL R. JENKS

PD

01/03/2005

Electronic Signature of Signing Officer or Director

_____ Date