2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F01000003871

Entity Name: GREATAMERICA LEASING CORPORATION

Current Principal Place of Business:

625 FIRST ST SE
CEDAR RAPIDS, IA 52401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 609
CEDAR RAPIDS, IA 524060609

New Mailing Address:

FEI Number: 42-1425592 **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:	D	( ) Delete
Name:	GOLOBIC, ANTON	
Address:	625 FIRST STREET SE	
City-St-Zip:	CEDAR RAPIDS, IA 52401	
Title:	D	( ) Delete
Name:	OLSON, DOUG	
Address:	625 FIRST STREET SE	
City-St-Zip:	CEDAR RAPIDS, IA 52401	
Title:	D	( ) Delete
Name:	SCHERRMAN, EMMETT	
Address:	702 BEAVER RIDGE CT SE	
City-St-Zip:	CEDAR RAPIDS, IA 52403	
Title:	D	( ) Delete
Name:	RHINES, PAUL	
Address:	118 THIRD AVE SE SUITE 837	
City-St-Zip:	CEDAR RAPIDS, IA 52401	
Title:	O	( ) Delete
Name:	GOEDKEN, JEFF	
Address:	625 FIRST STREET SE	
City-St-Zip:	CEDAR RAPIDS, IA 52401	
Title:	D	( ) Delete
Name:	SEDLACEK, DOUGLAS	
Address:	2250 COUNTRY CLUB PARKWAY	
City-St-Zip:	CEDAR RAPIDS, IA 52403	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: JEFF GOEDKEN O 03/19/2009

Electronic Signature of Signing Officer or Director — Date