

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000003282 (0)  
1. Corporation Name  
UTILITY EQUIPMENT LEASING CORPORATION

Principal Place of Business  
N4W22610 BLUEMOUND ROAD  
WAUKESHA WI 53186

Mailing Address  
N4W22610 BLUEMOUND ROAD  
WAUKESHA WI 53186



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/22/1994

4. FEI Number  
39-1089084  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

COHEN, CLIFFORD  
501 CODISCO WAY  
SANFORD FL 32771

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 DPT  
NAME DALUM, THOMAS E  
STREET ADDRESS N4W22610 BLUEMOUND ROAD  
CITY-ST-ZIP WAUKESHA WI 53186 ☐ DELETE

TITLE VS  
NAME ANDERSEN, KATHERINE L  
STREET ADDRESS N4W22610 BLUEMOUND ROAD  
CITY-ST-ZIP WAUKESHA WI 53186 ☐ DELETE

TITLE V  
NAME HARRINGTON, BILL  
STREET ADDRESS N4W22610 BLUEMOUND ROAD  
CITY-ST-ZIP WAUKESHA WI 53186 ☒ DELETE

TITLE T  
NAME MALONEY, BARBARA J.  
STREET ADDRESS N4 W22610 BLUEMOUND RD  
CITY-ST-ZIP WAUKESHA WI ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Judith D. Taylor  
1.3 STREET ADDRESS N4 W22610 Bluemound Road  
1.4 CITY-ST-ZIP Waukesha, WI 53186 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition

14. I 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: Barbara J. Maloney, Treasurer, Barbara J. Maloney, 166-84, 414-547-8500

CR2E034 (10/97)