2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003282

Entity Name: UTILITY EQUIPMENT LEASING CORPORATION

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: N4W22610 BLUEMOUND ROAD WAUKESHA, WI 53186 **Current Mailing Address: New Mailing Address:** N4W22610 BLUEMOUND ROAD WAUKESHA, WI 53186 FEI Number: 39-1089084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, CLIFFORD 501 CODISCO WAY US SANFORD, FL 32771 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition DALUM, THOMAS E Name: Name: DALUM, THOMAS E N4W22610 BLUEMOUND ROAD N4W22610 BLUEMOUND ROAD Address: Address: WAUKESHA, WI 53186 City-St-Zip: WAUKESHA, WI 53186 City-St-Zip: Title: (X) Change () Addition Title: () Delete Name: TAYLOR, JUDITH D Name: TAYLOR, JUDITH D N4W22610 BLUEMOUND ROAD N4W22610 BLUEMOUND ROAD Address: Address: WAUKESHA, WI 53186 WAUKESHA, WI 53186 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete S/T MALONEY, BARBARA J. MALONEY, BARBARA J. Name: Name: N4W22610 BLUEMOUND ROAD N4W22610 BLUEMOUND ROAD Address: Address: WAUKESHA, WI 53186 City-St-Zip: WAUKESHA, WI 53186 City-St-Zip: Title: DAS () Delete Title: DIR (X) Change () Addition DALUM, JOSEPH DALUM, JOSEPH Name: Name: Address: N4W22610 BLUEMOUND ROAD Address: N4W22610 BLUEMOUND ROAD City-St-Zip: WAUKESHA, WI 53186 City-St-Zip: WAUKESHA, WI 53186 Title: Title: () Change (X) Addition () Delete Name: Name: O'GRADY, MARY K Address: N4W22610 BLUEMOUND ROAD Address: City-St-Zip: City-St-Zip: WAUKESHA, WI 53186 Title: () Delete Title: () Change (X) Addition Name: Name: SELLMAN, AMY 605 CASTLE PINE DR Address: Address: City-St-Zip: City-St-Zip: MISSOULA, MT 59802

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: BARBARA J. MALONEY S/T 07/07/2008