2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# F94000003608

Entity Name: DEVELOPMENT AND LEASING CORPORATION

Current Principal Place of Business:

400 S KYES ST.
MERRILL, WI 54452

New Principal Place of Business:

Current Mailing Address:

PO BOX 378
MERRILL, WI 54452

New Mailing Address:

FEI Number: 39-1088551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNLAP, DAVISSON F JR
215 S. MONROE ST
2ND FLOOR, FIRST FLORIDA BANK BLDG
TALLAHASSEE, FL 323022095 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: CP (X) Delete
Name: SEMLING, JOHN P
Address: 1811 E. 9TH ST
City-St-Zip: MERRILL, WI 54452

Title: VD ( ) Delete
Name: MALM, ALAN K
Address: 1002 HERITAGE COURT
City-St-Zip: MERRILL, WI 54452

Title: TD ( ) Delete
Name: WEBER, WILBURN J
Address: N7926 POPPLE LANE
City-St-Zip: IRMA, WI 54442

Title: S ( ) Delete
Name: MARRIER, WAYNE A
Address: 1403 E. 9TH ST
City-St-Zip: MERRILL, WI 54452

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:

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: ALAN MALM VD 04/20/2009
Electronic Signature of Signing Officer or Director — Date