

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90093 023 \*\*\*150.00

DOCUMENT # F95000002876

1. Corporation Name

AMERICAN EXECUTIVE LEASING, INC.



Principal Place of Business

3900 NORTHWOODS DR  
SUITE 350  
ARDEN HILLS MN 55112  
US

Mailing Address

3900 NORTHWOODS DR  
SUITE 350  
ARDEN HILLS MN 55112  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1995

4. FEI Number

45-0418667

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ DELETE

TITLE TD  
NAME KOHLER JR, ARTHUR J  
STREET ADDRESS 2451 ANTLE POINT DR  
CITY-ST-ZIP HENDERSON NV 89014

TITLE PD  
NAME ANKERFELT, GARY  
STREET ADDRESS 3900 NORTHWOODS DR, SUITE 350  
CITY-ST-ZIP ARDEN HILLS MN 55112

TITLE VD ☒ DELETE  
NAME LARKIN, ROBERT  
STREET ADDRESS 357 4TH STREET  
CITY-ST-ZIP AUDUBON MN 56511

TITLE S ☐ DELETE  
NAME WILSON, WILLIAM  
STREET ADDRESS 357 4TH STREET  
CITY-ST-ZIP AUDUBON MN 56511

TITLE T ☐ DELETE  
NAME COUGHLIN, TIMOTHY  
STREET ADDRESS 357 4TH STREET  
CITY-ST-ZIP AUDUBON MN 56511

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME D Kohler Jr, Arthur J.  
1.3 STREET ADDRESS 2451 Antler Point Dr  
1.4 CITY-ST-ZIP Henderson, NV 89014

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME T Coughlin, Timothy  
5.3 STREET ADDRESS 3900 Northwoods Dr, Suite 350  
5.4 CITY-ST-ZIP Arden Hills, MN 55112

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/99 651-486-7164

CR2E034 (1/1/98)