FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000004531 (8)**

1. Corporation Name
SUNRISE LEASING OF MINNESOTA CORPORATION

Principal Place of Business	Mailing Address
5500 WAYZATA BLVD., STE. 725 GOLDEN VALLEY MN 55416	5500 WAYZATA BLVD., STE. 725 GOLDEN VALLEY MN 55416-1244

3. Date Incorporated or Qualified: 09/19/1995
3a. Date of Last Report: 06/25/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 41-1805636 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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] DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARLSTROM, ERROL		1.2 NAME		
STREET ADDRESS	5500 WAYZATA BLVD, STE 725		1.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRATTAIN, DONALD R		2.2 NAME		
STREET ADDRESS	601 LAKESHORE PARK, #1140		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PIKE, BRAD		3.2 NAME		
STREET ADDRESS	5500 WAYZATA BLVD, STE 725		3.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRESCOTT, DANA		4.2 NAME		
STREET ADDRESS	5500 WAYZATA BLVD, STE 725		4.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN		4.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SCHWACH, BARRY		5.2 NAME		
STREET ADDRESS	1821 WALSH LANE		5.3 STREET ADDRESS	5500 Wayzata Blvd Ste 725	
CITY-ST-ZIP	MENDOTA HEIGHTS MN 55118		5.4 CITY-ST-ZIP	Golden Valley, MN 55416-1244	
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KING, BILL		6.2 NAME		
STREET ADDRESS	5500 WAYZATA BLVD, STE 725		6.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] BARRY SCHWACH 1/9/97 (612) 593-1904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #