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Mar 02, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000691

1. Corporation Name
MJM LEASING CORP.



Principal Place of Business 710 N. PLANKINTON AVE., #1200 MILWAUKEE WI 53203	Mailing Address 710 N. PLANKINTON AVE., #1200 MILWAUKEE WI 53203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/10/1997	
		4. FEI Number 39-1865789		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. Trust Fund Contribution <input type="checkbox"/>			
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	PDT
NAME	SHEVALIER, STEPHAN J	1.2 NAME	The last name is spelled incorrectly. It is
STREET ADDRESS	710 N. PLANKINTON AVE., #1200	1.3 STREET ADDRESS	CHEVALIER
CITY-ST-ZIP	MILWAUKEE WI 53203	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	JANZ, JAMES F	2.2 NAME	
STREET ADDRESS	710 N. PLANKINTON AVE., #1200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53203	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	
NAME	SIEGEL, PHILIP J	3.2 NAME	
STREET ADDRESS	710 N. PLANKINTON AVE., #1200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53203	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Stephan J. Chevalier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephan J. Chevalier
President 1/15/99 (414) 274-2474

Date

Daytime Phone #

CR2E034 (11/98)