




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90216 022 ****50.00

DOCUMENT # M99000000671 1. Entity Name ATC LEASING COMPANY LLC					
Principal Place of Business 4316 39TH AVENUE KENOSHA, WI 53144			Mailing Address 4316 39TH AVENUE KENOSHA, WI 53144		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03292004 Chg-LLC CR2E083 (10/03)	
City & State Zip Country		City & State Zip Country			
4. FEI Number 61-1207319		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JHT HOLDINGS, INC., 3050 WEST BROADWAY LOUISVILLE, KY 40211	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JHT HOLDINGS, INC., 4320 39TH AVENUE KENOSHA, WI 53144
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Todd A. Troha Treasurer/Asst. Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/2/04		Daytime Phone # 262-564-5231