

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35159

1. Entity Name

U.S. BANCORP LEASING & FINANCIAL, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90167 001 \*\*\*450.00

Principal Place of Business

Mailing Address

7659 SW MOHAWK ST  
875  
TUALATION OR 97062  
US

601 2ND AVE SOUTH  
UNIT MPFP 2804  
MINNEAPOLIS MN 55402  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tualatin, OR 97062

City & State

4. FEI Number

93-0594454

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LANGER, CHARLES C.  
STREET ADDRESS 7659 SW MOHAWK ST  
CITY-ST-ZIP TUALATION OR 97062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME CHOSY, JAMES L  
STREET ADDRESS 601 2ND AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE Secretary ☒ Change ☐ Addition  
NAME Jennie Carlson  
STREET ADDRESS 601 Second Ave. S.  
CITY-ST-ZIP Minneapolis, MN 55402

TITLE T ☐ Delete  
NAME DOLAN, TERRANCE R  
STREET ADDRESS 2751 SHEPARD RD  
CITY-ST-ZIP ST PAUL MN 55116

TITLE Treasurer ☒ Change ☐ Addition  
NAME Daryl Bible  
STREET ADDRESS 2751 Shepard Rd.  
CITY-ST-ZIP St. Paul, MN 55116

TITLE VPAS ☐ Delete  
NAME ALLEN, GERTRUDE K  
STREET ADDRESS 601 2ND AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME DUIM, GARY T  
STREET ADDRESS 7659 SW MOHAWK ST  
CITY-ST-ZIP TUALATIN OR 97062

TITLE Director ☐ Change ☐ Addition  
NAME Joseph E. Hasten  
STREET ADDRESS Firstar Plaza, 7th & Washington Sts.  
CITY-ST-ZIP St. Louis, MO 63101

TITLE D ☒ Delete  
NAME ROHR, DANIEL C  
STREET ADDRESS 601 2ND AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE Director ☐ Change ☐ Addition  
NAME Dennis O. Battles  
STREET ADDRESS Firstar Plaza, 7th & Washington Sts.  
CITY-ST-ZIP St. Louis, MO 63101

13. 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 or supplemental 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 11 or Block 12 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

Lisa M. Bessler, Assistant Secretary 4/12/01

Date

Daytime Phone #

CR2E034 (10/00)