

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P35159

1. Entity Name

U.S. BANCORP EQUIPMENT FINANCE, INC.



Principal Place of Business

13010 SW 68TH PKWY
PORTLAND, OR 97223 US

Mailing Address

13010 SW 68TH PKWY
PORTLAND, OR 97223 US



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0594454

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

1000001 0203
16 12/04-50079-011 190.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PURCELL, WILLIAM 13010 SW 68TH PKWY PORTLAND, OR 97223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BEDNARSKI, LAURA F 800 NICOLLET MALL, 21ST FL MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BIBLE, DARYL 800 NICOLLET MALL, 18TH FL MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPAS ALLEN, GERTRUDE K 13010 SW 68TH PKWY PORTLAND, OR 97223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HASTEN, JOESPH 1 FIRSTAR PLAZA, 14TH FL SAINT LOUIS, MO 63101
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BATTLES, DENNIS O 1 FIRSTAR PLAZA, 14TH FL SAINT LOUIS, MO 63101

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Gertrude K. Allen, Gertrude K. Allen, Assistant Secretary, Apr. 7, 2004 503-797-0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office Phone #