

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90853 011 ***150.00

DOCUMENT # P35159

1. Entity Name
U.S. BANCORP EQUIPMENT FINANCE, INC.



Principal Place of Business
**7659 SW MOHAWK ST
875
TUALATIN OR 97062
US**

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

2. Principal Place of Business
**13010 S. W. 68th Parkway
Suite, Apt. #, etc.**

3. Mailing Address
**13010 S. W. 68th Parkway
Suite, Apt. #, etc.**

City & State
Portland, OR

City & State
Portland, OR

4. FEI Number **93-0594454**

Applied For
Not Applicable

Zip
97223

Country
Washington

Zip
97223

Country
Washington

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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE **S** ☒ Delete
NAME **CARLSON, JENNIE**
STREET ADDRESS **601 2ND AVE S**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE **T** ☐ Delete
NAME **BIBLE, DARYL**
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 **D** ☐ Delete
NAME **HASTEN, JOESPH**
STREET ADDRESS **FIRSTAR PLAZA, 7TH & WASHINGTON STS**
CITY-ST-ZIP **SAINT LOUIS MO 63101**

TITLE **D** ☐ Delete
NAME **BATTLES, DENNIS O**
STREET ADDRESS **FIRSTAR PLAZA, 7TH & WASHINGTON STS**
CITY-ST-ZIP **SAINT LOUIS MO 63101**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director/President** ☐ Change ☒ Addition
NAME **William Purcell**
STREET ADDRESS **13010 S. W. 68th Parkway**
CITY-ST-ZIP **Portland, OR 97223**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Laura F. Bednarski**
STREET ADDRESS **800 Nicollet Mall, 21st Floor**
CITY-ST-ZIP **Minneapolis, MN 55402**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800 Nicollet Mall, 18th Floor**
CITY-ST-ZIP **Minneapolis, MN 55402**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13010 S. W. 68th Parkway**
CITY-ST-ZIP **Portland, OR 97223**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1 Firstar Plaza, 14th Floor**
CITY-ST-ZIP **St. Louis, MO 63101**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1 Firstar Plaza 14th Floor, St. Louis, MO 63101**
CITY-ST-ZIP **St. Louis, MO 63101**

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, Asst. Secretary, Feb. 25, 2003 203-797-0219*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)