

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38867 (8)

1. Corporation Name
NORQUIP LEASING, INC.



Principal Place of Business 2800 SOUTHCROSS DRIVE WEST BURNSVILLE MN 55306 US	Mailing Address 2800 SOUTHCROSS DRIVE WEST BURNSVILLE MN 55306 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1992	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		Zip	
27		28		29	
Suite, Apt. #, etc.		City & State		Zip	
23		24		25	
City & State		City & State		Zip	
26		27		28	
Country		Country		Country	
29		30		31	
Country		Country		Country	

4. FEI Number 41-1501721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OLLE, DENNIS J.
 OLLE ST LOUIS MACAULAY & ZORRILLO, P.A.
 201 SOUTH BISCAYNE BLVD., SUITE 1402
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Yanes, Srafin**
 82 Street Address (P.O. Box Number is Not Acceptable)
10576 SW 8th Street
 83
 84 City **Miami** FL 85 **33174**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	KOTULA, DONALD L.	
STREET ADDRESS	2800 SOUTHCROSS DRIVE W	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBRECHT, CHARLES F.	
STREET ADDRESS	2800 SOUTHCROSS DRIVE W	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REUTER, EDWARD C.	
STREET ADDRESS	2800 SOUTHCROSS DRIVE W	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: _____ **3-25-98** (412) 894-9510

CR2E034 (10/97)