

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90189 011 ***150.00

DOCUMENT # P38867
 1. Entity Name
NORQUIP LEASING, INC.

Principal Place of Business 2800 SOUTHCROSS DRIVE WEST BURNSVILLE MN 55306 US	Mailing Address 2800 SOUTHCROSS DRIVE WEST BURNSVILLE MN 55306-6936 US
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2. Principal Place of Business	3. Mailing Address P.O. Box 1341
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Burnsville MN
Zip	Country
Country	Zip 55337

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YANES, SERAFIN
10576 SW 8TH STREET
MIAMI FL 33154

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.

SIGNATURE _____ (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, 2000 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	
TITLE CDP	<input type="checkbox"/> Delete
NAME KOTULA, DONALD L.	
STREET ADDRESS 4191 BAY BEACH LANE, #210	
CITY-ST-ZIP PORT MYERS BEACH FL 33934	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RYAN Kotula	
STREET ADDRESS 2800 Southcross Drive	
CITY-ST-ZIP Burnsville MN 55306	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Donald L. Kotula	
STREET ADDRESS 9140 Bonita Beach Road, PMB 108	
CITY-ST-ZIP Bonita Springs FL 34135	
TITLE Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bradley J. Beckman	
STREET ADDRESS 2800 Southcross Drive	
CITY-ST-ZIP Burnsville MN 55306	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **5-1-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/991