

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P38867

1. Entity Name
NORQUIP LEASING, INC.



Principal Place of Business
**2800 SOUTHCROSS DRIVE WEST
BURNSVILLE, MN 55306 US**

Mailing Address
**PO BOX 1341
BURNSVILLE, MN 55337 US**



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1501721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YANES, SERAFIN
10576 SW 8TH STREET
MIAMI, FL 33154**

**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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KOTULA, RYAN
STREET ADDRESS	2800 SOUTHEROSS DR W
CITY-ST-ZIP	BURNSVILLE, MN 55306
TITLE	V
NAME	KOTULA, DONALD
STREET ADDRESS	9150 BONITA BFACH RD PMB 108
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	ST
NAME	ERICKSON, THOMAS
STREET ADDRESS	2800 SOUTHCROSS DR. WEST
CITY-ST-ZIP	BURNSVILLE, MN 55306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000929470
05/21/08-80070-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ryan Kotula

4-24-08

(952) 882-6903

Date

Daytime Phone #