## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38867

Name:

Address:

City-St-Zip:

ERICKSON, THOMAS

BURNSVILLE, MN 55306

2800 SOUTHCROSS DR. WEST

FILED Apr 16, 2009 Secretary of State

Entity Name: NORQUIP LEASING, INC.							Secre	tary or or	ale
Current Principal Place of Business:					New Principal Place of Business:				
2800 SOUT BURNSVIL		DRIVE WEST 306 US							
Current Mailing Address:					New Mailing Address:				
PO BOX 13 BURNSVIL		337 US							
FEI Number:	41-1501721	FEI Number Ap	plied For()	FEI Numl	ber Not Appli	cable ( )	Certificate of	Status Desired (	( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
YANES, SERAFIN 10576 SW 8TH STREET MIAMI, FL 33154 US					YANES, SERAFIN 9421 WEST CALUSA DRIVE MIAMI, FL 33186 US				
The above in the State		ty submits this sta	tement for the pu	urpose of	changing it	s registered	d office or registe	ered agent, or	both,
SIGNATURE:					04/16/2009				
Electronic Signature of Registered Agent							Date		
Election Carr	paign Finand	cing Trust Fund Conf	ribution ( ).						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		( ) Delete /AN HEROSS DR W E, MN 55306		1	Title: Name: Address: City-St-Zip:		()Change ()Ado	dition	
Title: Name: Address: City-St-Zip:		() Delete DNALD 'A BFACH RD PMB 10 RINGS, FL 34135	8	1	Title: Name: Address: City-St-Zip:	KOTULA, DO 26436 BRICI		dition	
Title:	ST	( ) Delete		-	Title:		() Change () Add	dition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD KOTULA V 04/16/2009