

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039733

Entity Name: SECURITY CREDIT LEASING, INC.**Current Principal Place of Business:**8900 N. ARBON DRIVE
MILWAUKEE, WI 53223**Current Mailing Address:**8900 N. ARBON DRIVE
MILWAUKEE, WI 53223 US**FEI Number:** 59-3251574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOERGER, JAMES C
9008 BRITTANY WAY
TAMPA, FL 33619-4303 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MASTERS, STEVEN P
Address	8900 N. ARBON DRIVE
City-State-Zip:	MILWAUKEE WI 53223

Title	VP
Name	BOERGER, JAMES C
Address	9008 BRITTANY WAY
City-State-Zip:	TAMPA FL 33619-4303

Title	S
Name	CATALANO, ANTONIO P
Address	8900 N. ARBON DRIVE
City-State-Zip:	MILWAUKEE WI 53223

Title	T
Name	KIRKISH, MARK S
Address	8900 N. ARBON DRIVE
City-State-Zip:	MILWAUKEE WI 53223

Title	AS
Name	MCNEILL, MATTHEW C
Address	8900 N. ARBON DRIVE
City-State-Zip:	MILWAUKEE WI 53223

Title	D
Name	WHITE, MICHAEL H
Address	8900 N. ARBON DRIVE
City-State-Zip:	MILWAUKEE WI 53223

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO P. CATALANO**SECRETARY****02/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date