



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|--------------|--|---|--------------|--------------|
| 1. Corporate ID No 80544 | | 2. Name of Corporation U.S. BANCORP EQUIPMENT FINANCE, INC. | | | |
| 3. Street Address Principal Business Office 13010 SW 68TH PARKWAY, SUITE 100 | | | City PORTLAND | State OR | Zip 97223 |
| 4. Business Phone No (503) 797-0200 | | 5. State of Incorporation OREGON | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Provide commercial financing and leasing to individuals, corporations, partnerships and other entities. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name ANTHONY CRACCHIOLO | | | Vice President Name JERRY L. JORDAN | | |
| Street Address 13010 SW 68TH PARKWAY, SUITE 100 | | | Street Address 13010 SW 68TH PARKWAY, SUITE 100 | | |
| City PORTLAND | State OR | Zip 97223 | City PORTLAND | State OR | Zip 97223 |
| Secretary Name LAURA F. BEDNARSKI | | | Treasurer Name DARYL BIBLE | | |
| Street Address 800 NICOLLET MALL, 21ST FLOOR | | | Street Address 800 NICOLLET MALL, 18TH FLOOR | | |
| City MINNEAPOLIS | State MN | Zip 55402 | City MINNEAPOLIS | State MN | Zip 55402 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name ANTHONY CRACCHIOLO | | | Director Name SALVATORE J. MAGLIETTA | | |
| Street Address 13010 SW 68TH PARKWAY, SUITE 100 | | | Street Address 13010 SW 68TH PARKWAY, SUITE 100 | | |
| City PORTLAND | State OR | Zip 97223 | City PORTLAND | State OR | Zip 97223 |
| Director Name RICHARD B. PAYNE | | | Director Name | | |
| Street Address 800 NICOLLET MALL, 23RD FLOOR | | | Street Address | | |
| City MINNEAPOLIS | State MN | Zip 55402 | City | State | Zip |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 10,000 | COMM | \$10.00 | 400 | COMMON | \$10.00 |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
File Date
Check M FEB 04 2008
By: 12884
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jane M. Hogan 01/30/08
Signature Date
Jane M. Hogan
Print or Type Name
Assistant Secretary
Title