



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

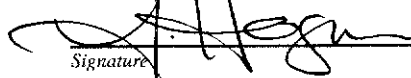
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.

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.


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

FILED
File Date
Check No FEB 04 2008
By [Signature]
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