

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90118 050 ***150.00

DOCUMENT # 819915

1. Entity Name

AMERICAN DAIRY QUEEN CORPORATION

Principal Place of Business

7505 METRO BLVD
 MINNEAPOLIS MN 55439
 US

Mailing Address

P O BOX 39286
 MINNEAPOLIS MN 55439-0286
 US

754801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0853275

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when mandating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement; and elects to do so.
 (See criteria on back)

FILED WITH STATE REPORT
 After JULY 1, 2001, Fee will be \$200.00
 (Note: Check payable to Department of State)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL P.	
STREET ADDRESS	70 WOODLAND CIRCLE	
CITY-STATE-ZIP	EDINA MN	
TITLE	DCFO	<input checked="" type="checkbox"/> Delete
NAME	MOOTY, CHARLES W	
STREET ADDRESS	4615 MOORLAND AVE.	
CITY-STATE-ZIP	EDINA MN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOND, DAVID M.	
STREET ADDRESS	10033 IRWIN RD	
CITY-STATE-ZIP	BLOOMINGTON MN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATSON, EDWARD A.	
STREET ADDRESS	11030 OREGON AVE., SOUTH	
CITY-STATE-ZIP	BLOOMINGTON MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOOTY, JOHN W.	
STREET ADDRESS	6600 DOVRE DRIVE	
CITY-STATE-ZIP	EDINA MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOTY, CHARLES	
STREET ADDRESS	7505 Metro Blvd	
CITY-STATE-ZIP	Minneapolis MN 55439	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simpson, James	
STREET ADDRESS	7505 Metro Blvd	
CITY-STATE-ZIP	Minneapolis MN 55439	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zucco, William	
STREET ADDRESS	7505 Metro Blvd	
CITY-STATE-ZIP	Minneapolis MN 55439	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Jim Simpson

Treasurer

952-830-0356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY AND MONTH

CR2E034 (10/00)