

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90235 009 ***150.00

09502906 AT

DOCUMENT # 819915

1. Entity Name
AMERICAN DAIRY QUEEN CORPORATION



Principal Place of Business
**7505 METRO BLVD
EDINA MN 55439
US**

Mailing Address
**7505 METRO BLVD
EDINA MN 55439
US**

11016742



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

4. FEI Number **41-0853275**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOOTY, CHARLES	
STREET ADDRESS	7505 METRO BLVD.	
CITY-ST-ZIP	MINNEAPOLIS MN 55439	
TITLE	TC	<input type="checkbox"/> Delete
NAME	SIMPSON, JAMES	
STREET ADDRESS	7505 METRO BLVD	
CITY-ST-ZIP	MINNEAPOLIS MN 55439	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATSON, EDWARD A.	
STREET ADDRESS	11030 OREGON AVE., SOUTH	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOOTY, JOHN W.	
STREET ADDRESS	6600 DOVRE DIRVE	
CITY-ST-ZIP	EDINA MN	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUCCO, WILLIAM	
STREET ADDRESS	7505 METRO BLVD.	
CITY-ST-ZIP	MINNEAPOLIS MN 55439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **04122103** **952-830-0880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)