

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90099 028 \*\*\*150.00

**DOCUMENT # 842928**

1. Entity Name  
**AMERIPRIDE SERVICES INC.**

Principal Place of Business <b>901 MARQUETTE AVENUE SOUTH          SUITE 2500          MINNEAPOLIS MN 55402</b>	Mailing Address <b>901 MARQUETTE AVENUE SOUTH          SUITE 2500          MINNEAPOLIS MN 55402</b>
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976123



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>41-0831770</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP JOHNSON, G. E. 14325 ORCHARD ROAD MINNETONKA MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCC STEINER, L G 133 W BIRCH LANE WAYZATA MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman &amp; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RADA, ROJEAN E. 445 SUMMIT ST. PAULL MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUDWICK, H.T. 18845 12TH AVENUE NORTH PLYMOUTH MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HILLIARD, J.A. J 7290 UNION AVENUE MAYER MN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>**SEE ATTACHED SCHEDULE**</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: Rojean E. Rada, Rojean E. Rada, Secretary 04/27/01 612-371-4200  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
842928  
976123

**AmeriPride Services Inc.**  
A Schedule Attached To and Made Part Of  
2001 Uniform Business Report (UBR)  
Document #842928

**Item #11- Names & Residential Addresses of Corporate Officers – continued**

<u>NAME</u>	<u>TITLE</u>	<u>RESIDENTIAL ADDRESS</u>
Bruce M. Steiner	President & COO	144 Edgewood Avenue South Wayzata, MN 55391
Robert D. Tabolich	Vice President, Human Resources	4181 Irish Court Lake Elmo, MN 55042
Maria L. Snyder	Vice President, Information Systems	16054 6 <sup>th</sup> Street North Lakeland, MN 55043
Laurence O. Torkelson	Controller	2505 Regent Avenue North Golden Valley, MN 55422

**Item #11- Names & Residential Addresses of Corporate Directors – continued**

<u>NAME</u>	<u>RESIDENTIAL ADDRESS</u>
Bruce M. Steiner	144 Edgewood Avenue South, Wayzata, MN 55391
Lawrence G. Steiner	133 West Birch Lane, Wayzata, MN 55391
George T. Steiner	1520 Xanthus Lane, Plymouth, MN 55447
Gardiner B. Van Ness III	50 South LaSalle Street, Chicago, IL 60675
Robert J. Dahlin	7366 Lilac Lane, Victoria, MN 55386
Stephen R. Pflaum	2725 Deerhill Road, Long Lake, MN 55356
Tony J. Christianson	900 East Shady Lane, Wayzata, MN 55391
William A. Schneider	3000 Campus Drive, Plymouth, MN 55441-2656
William F. Wanner	1204 Chestnut Avenue, Minneapolis, MN 55403