

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90329 029 \*\*\*150.00

0573347 AT

**DOCUMENT # 843839**

1. Entity Name  
**GELCO CORPORATION**

Principal Place of Business      Mailing Address  
**600 HART RD**      **DEPT. 8109**  
**PO BOX 8109**      **260 LONG RIDGE RD.IAMS**  
**BARRINGTON IL 60010**      **STAMFORD CT 06927-9621**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**Three Capital Drive**      **P.O. Box 44817**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Eden Prairie, MN**      **Eden Prairie, MN**  
 Zip      Country      Zip      Country  
**55344**      **USA**      **55344**      **USA**

4. FEI Number      Applied For  
**36-2774566**      Not Applicable

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>HYDE, JEFFREY L</b> <b>777 LONG RIDGE RD</b> <b>STAMFORD CT 06927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>R.L. Ness</b> <b>Three Capital Drive</b> <b>Eden Prairie MN, 55344</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, EDWARD D.</b> <b>260 LONG RIDGE RD</b> <b>STAMFORD CT 06927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>J. R. Power</b> <b>Three Capital Drive</b> <b>Eden Prairie, MN 55344</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HENSON, DANIEL</b> <b>540 NW HWY</b> <b>BARRINGTON IL 60010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P-D</b> <b>Three Capital Drive</b> <b>Eden Prairie, MN 55344</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WERNER, JEFFREY S.</b> <b>201 HIGH RIDGE RD</b> <b>STAMFORD CT 06927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst Treasurer</b> <b>Don Benke</b> <b>Three Capital Drive</b> <b>Eden Prairie, MN 55344</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SALK, HOWARD A</b> <b>540 NW HIGHWAY</b> <b>SOUTH BARRINGTON IL 60010</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GC</b> <b>B. J. Austin</b> <b>Three Capital Drive</b> <b>Eden Prairie, MN 55344</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>CINDY E YOUNG</b> <b>540 NW HWY</b> <b>SOUTH BARRINGTON IL 60010</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPF T D</b> <b>D. O. Colao</b> <b>Three Capital Drive</b> <b>Eden Prairie, MN 55344</b> <input type="checkbox"/> Change <input checked="" 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Benke      **DON BENKE**      4-30-02      952-828-2989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)