

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90114 043 ***150.00

DOCUMENT # 847741

1. Entity Name
MILLER & SCHROEDER FINANCIAL, INC.

Principal Place of Business 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS MN 55440 US	Mailing Address 220 SOUTH SIXTH STREET P.O. BOX 789 MINNEAPOLIS MN 55440-0789 US
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2. Principal Place of Business 150 SOUTH FIFTH ST.	3. Mailing Address P.O. BOX 789
Suite, Apt. #, etc. SUITE 3000	Suite, Apt. #, etc.

City & State MINNEAPOLIS, MN	City & State MINNEAPOLIS, MN	4. FEI Number 41-0901191	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 55402	Country USA	Zip 55440-0789	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PD DLUGOSCH, JAMES F 220 SOUTH 6TH ST P O BOX 789 MINNEAPOLIS MN 55440 <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	SD IVERSON, JAMES EDWARD 505 LOMAS SANTA FE DR. SOLANA BEACH CA <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	EVP IVERSON, JAMES E 505 LOMAS SANTE FE DR SOLANA BCH CA <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	D DAWKINS, KENNETH E 220 SOUTH 6TH ST P O BOX 789 MINNEAPOLIS MN 55440 <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	SVPT NELSON, THOMAS S 220 SOUTH 6TH ST P O BOX 789 MINNEAPOLIS MN 55440 <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	VP HENTGES, EDWARD JOEL 220 SOUTH 6TH ST P O BOX 789 MINNEAPOLIS MN 55440 <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)(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: *Edward J. Hentges* **REQUIRE** *J. HENTGES, VICE PRES.* *1/19/2000* *612-376-1500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)