2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 849875 May 17, 2000 8:00 am UNIVERSAL PENSIONS, INC. Secretary of State 05-17-2000 90929 029 ***150.00 Principal Place of Business Mailing Address 431 GOLF COURSE DR NO 431 GOLF COURSE DR NO P.O. BOX 979 P.O. BOX 979 **BRAINERD MN 56401 BRAINERD MN 56401-0979** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 41-1246679 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL-32301 Zip Code 的 自己居住缴值 马统过 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Change Addition TITLE ☐ Delete TITLE Alfred N. Flaten KENNEBECK, ALAN NAME NAME 8957 Glen Eden Lane STREET ADDRESS 501 7TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Park, MN 55443 **ROCKFORD IL 61110** Change Addition Delete TITLE TITLE John H. Flittie EICKHOFF, J. R. NAME 13970 Oakland Place STREET ADDRESS 8100 34TH AVE S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55425 Minnetonka, MN 55305 Addition ☐ Delete TITLE Change TITLE JOHNSON, ARNOLD S. (S) Glann W. Hasse Jr. NAME NAME STREET ADDRESS 6160 BIRCHWOOD HILLS ROAD STREET ADDRESS Armstrong Rd CITY-ST-ZIP CITY-ST-ZIP LAKESHORE MN Northfield. MN 55057 ☐ Addition ☐ Delete TITLE Change TITLE O'ROURKE, PAMELA S NAME NAME STREET ADDRESS 15 KINGWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRAINERD MN 56401** ☐ Change ☐ Addition ☐ Delete TITLE LAUER, DAVID M. NAME NAME STREET ADDRESS STREET ADDRESS **569 GULL RIVER ROAD** CITY - ST-ZIP CITY-ST-ZIP **BRAINERD MN** Change ☐ Addition TITLE ☐ Delete TITLE ANDERSON, THOMAS G NAME NAME STREET ADDRESS 1970 CAMWOOD TRAIL S. STREET ADDRESS CITY-ST-ZIP BAXTER MN

I hereby certify that the information supplied with this filling 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: 🗢 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT