## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 853713** 

SCHWARTZ, JOHN

10645 MAYFIELD AVE N

STILLWATER, MN 55082

Name:

Address: City-St-Zip:

Entity Name: ANDERSON PRODUCTS, INC.

FILED Aug 28, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2366 ROSE PLACE ROSEVILLE, MN 55113 **Current Mailing Address: New Mailing Address:** 2366 ROSE PLACE ROSEVILLE, MN 55113 FEI Number: 41-0670985 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VPD ( ) Delete Title: () Change () Addition Name: UDAGER, MARK Name: 3226 BERWICK KNOLL Address: Address: City-St-Zip: BROOKLYN PARK, MN 55443 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition PEDERSON, JERALD Name: Name: PEDERSON, JERALD 4675 MACKUDUM ST 4675 MACKUBIN ST Address: Address: SHOREVIEW, MN 55126 SHOREVIEW, MN 55126 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SD () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK UDAGER VPD 08/28/2003