

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90251 035 ***150.00

DOCUMENT # F00000000525

1. Entity Name

TRIADVANTAGE CREDIT SERVICES, INC.

Principal Place of Business

**8400 NORMANDALE LAKE BLVD., SUITE 600
 MINNEAPOLIS MN 55437**

Mailing Address

**8400 NORMANDALE LAKE BLVD., SUITE 600
 MINNEAPOLIS MN 55437**

2. Principal Place of Business

3. Mailing Address

One Meridian Crossings

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 100

City & State

City & State
Minneapolis, MN

4. FEI Number

41-1960232

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

55423

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PT	DASHER, THOMAS T	8400 NORMANDALE LAKE BLVD., SUITE 600	MINNEAPOLIS MN 55437	<input checked="" type="checkbox"/>
V	O'SHEA, JOHN C	7801 METRO PARKWAY, SUITE 100	BLOOMINGTON MN 55425	<input type="checkbox"/>
V	GRACE, ANDREW W	7801-METRO PARKWAY, SUITE 100	BLOOMINGTON MN 55425	<input type="checkbox"/>
V	BUCHHOLZ, ROY L	7801 METRO PARKWAY, SUITE 100	BLOOMINGTON MN 55425	<input type="checkbox"/>
DCFO	OLSON, DAVEE L	8400 NORMANDALE LAKE BLVD., SUITE 600	MINNEAPOLIS MN 55437	<input type="checkbox"/>
S	SEATS, MICHAEL J	8400 NORMANDALE LAKE BLVD., SUITE 600	MINNEAPOLIS MN 55437	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Bruce J. Paradis	8400 Normandale Lake Blvd.	Minneapolis, MN 55437	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	John C. O'Shea	7801 Metro Parkway, Suite 100	Bloomington, MN 55425	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Michael J. Seats, Secretary 1/31/01 (952) 832-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

UBR00003