

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90111 033 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # F01000000574**

1. Entity Name  
**TENNANT SALES AND SERVICE COMPANY**

Principal Place of Business <b>701 NORTH LILAC DRIVE MINNEAPOLIS MN 55422</b>	Mailing Address <b>701 NORTH LILAC DRIVE MINNEAPOLIS MN 55422</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>41-1986217</b>	Applied For <input type="checkbox"/> Not Applicable
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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
State: <b>FL</b> 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 \_\_\_\_\_ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD DOLAN, JANET M 701 NORTH LILAC DRIVE MINNEAPOLIS MN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT PAIN, JOHN T 701 NORTH LILAC DRIVE MINNEAPOLIS MN</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MOAR, JAMES H 701 NORTH LILAC DRIVE MINNEAPOLIS MN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SEIFERT, JAMES J 701 NORTH LILAC DRIVE MINNEAPOLIS MN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SHINLER, ANNE L 701 NORTH LILAC DRIVE MINNEAPOLIS MN</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRAUSEN, ANTHONY T 701 NORTH LILAC DRIVE MINNEAPOLIS MN</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS WESTON, MARY C. 701 NORTH LILAC DRIVE MINNEAPOLIS, MN 55422</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BRAUSEN, ANTHONY T 701 NORTH LILAC DRIVE MINNEAPOLIS, MN 55422</b> <input checked="" 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 1907(3)(f), 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:** Mary C. Weston **1/24/2002** **763-540-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachments Document # FO1000000574

January 24, 2002



311518

Florida Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL

Re: Tennant Sales and Service Company's 2002 Uniform Business Report

Dear Sir or Madam:

Enclosed please find Tennant Sales and Service Company's 2002 Florida Uniform Business Report along with Tennant Check Number 255306 for \$150.00 to cover filing fees.

Please call me at 763-540-1525 or e-mail me at [johnlivingston@tennantco.com](mailto:johnlivingston@tennantco.com) if you have any questions.

Thanks for your assistance.

Sincerely,

**TENNANT SALES AND SERVICE COMPANY**

John S. Livingston,  
Paralegal

/jsl  
Enclosures