

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000003672

FILED  
Jan 04, 2003  
Secretary of State

Entity Name: RETAIL CONCEPTS OF MINNESOTA, INC.

**Current Principal Place of Business:**

1502 BLACKHAWK RIDGE WAY  
EAGAN, MN 55122

**New Principal Place of Business:**

**Current Mailing Address:**

1502 BLACKHAWK RIDGE WAY  
EAGAN, MN 55122

**New Mailing Address:**

FEI Number: 41-1889460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: CP ( ) Delete  
Name: HENINGER, SHAWNA  
Address: 1502 BLACKHAWK RIDGE WAY  
City-St-Zip: EAGAN, MN 55122

Title: VCS ( ) Delete  
Name: HENINGER, RANDY  
Address: 1502 BLACKHAWK RIDGE WAY  
City-St-Zip: EAGAN, MN 55122

Title: VP ( ) Delete  
Name: HENINGER, RANDY  
Address: 1502 BLACKHAWK RIDGE WAY  
City-St-Zip: EAGAN, MN 55122

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SHAWNA HENINGER

CP

01/04/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date