Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90112 044 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300001066

1. Corporation Name

MINNESOTA INTERACTIVE TECHNOLOGIES, INC.

Principal Place	e of Business	Mailing Address			1 1001100 1110 10100 11111	22(1) 22(1) 45(1) 23(1)	. 88181  1811 8811 <b>8</b>	Ritte Str. 1881
2266 NORTH SECOND STREET		2266 NORTH SECOND STREET						
N ST. PAUL MN 55109		N ST. PAUL MN 55109		DO NO	DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Q	ualifed			
					02/25/1993			í
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	······	App	plied For
21		26			41-13874 <u>19</u>		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Des	ired 🗌	\$8.75 A	
22		27	· -		U. Command of Charles Pot		Fee Re	<del>`                                    </del>
City & State	e	City & State			6. Election Campaign Fina	- 11	\$5.00	•
23		28	Cauntar		Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes t Personal Property Tax.	he current year II		□No
24	9. Name and Address of Curren	29 30	<u>''</u>	_	10. Name and Address of	New Registered		
	5. Name and Address of Curren	it Kadistatan Waant	81	Name	Total Control Control			
CTI	CORPORATION SYSTEM				·····			
1200 SOUTH PINE ISLAND ROAD			82	Street A	Address (P.O. Box Number is Not a	Acceptable)		
	NTATION FL 33324		83					
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· ·	。 《大道诗者》名第5年度		84	City		F	L 85 Zip C	<b>2006</b>
11. Pursuant	to the annulations of Continue CO7 OCO	2 and 607.1508, Florida Statutes,	the above	e-named o	corporation submits this statement	for the purpose of	of changing its	registered
office or n agent. I a	registered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auth-	iorized by	tne corpo	ration's board of directors. I hereb	y accept the app	Dillitatient as reg	gistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authoritions of, Section 607.0505, Florida	a Statutes	tne corpo	ration's board of directors. Thereb	DATE		
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP,