

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90856 030 ***150.00

DOCUMENT # F93000001066

1. Entity Name
MINNESOTA INTERACTIVE TECHNOLOGIES, INC.

Principal Place of Business 2266 NORTH SECOND STREET N ST. PAUL MN 55109 US	Mailing Address 2266 NORTH SECOND STREET N ST. PAUL MN 55109-2914 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	41-1387419	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULSON, DUANE	NAME	Thomas L. Auth
STREET ADDRESS	2266 N SECOND STREET	STREET ADDRESS	2266 N. Second St.
CITY-ST-ZIP	NORTH ST. PAUL MN 55109	CITY-ST-ZIP	N. St. Paul, MN 55109
TITLE	V <input type="checkbox"/> Delete	TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROTHER, REED	NAME	Charles E. Briskey
STREET ADDRESS	2266 N SECOND STREET	STREET ADDRESS	2266 N. Second St.
CITY-ST-ZIP	NORTH ST. PAUL MN 55109	CITY-ST-ZIP	N. St. Paul, MN 55109
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLASEN, GERALD	NAME	
STREET ADDRESS	2266 N SECOND STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH ST. PAUL MN 55109	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, CHARLES A	NAME	
STREET ADDRESS	2266 N SECOND STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH ST. PAUL MN	CITY-ST-ZIP	
TITLE	VPOF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHERT, JACK A	NAME	
STREET ADDRESS	2266 N SECOND STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH ST. PAUL MN	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 IRE empowered.

SIGNATURE: Jan A. Paulson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 651-779-4807
 Date Daytime Phone #

CR2E034 (9/99)