

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90228 016 \*\*\*550.00

0136114 AB

**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 US**

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

4. FEI Number: **41-1387419**  
 Applied For:  Not Applicable  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	V	PAULSON, DUANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		2266 N SECOND STREET	
CITY-ST-ZIP		NORTH ST. PAUL MN 55109	
TITLE	V	GROTJE, REED	<input type="checkbox"/> Delete
STREET ADDRESS		2266 N SECOND STREET	
CITY-ST-ZIP		NORTH ST. PAUL MN 55109	
TITLE	V	KLASEN, GERALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		2266 N SECOND STREET	
CITY-ST-ZIP		NORTH ST. PAUL MN 55109	
TITLE	S	DURANT, CHARLES A	<input type="checkbox"/> Delete
STREET ADDRESS		2266 N SECOND STREET	
CITY-ST-ZIP		NORTH ST. PAUL MN	
TITLE	VPOF	REICHERT, JACK A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		2266 N SECOND STREET	
CITY-ST-ZIP		NORTH ST. PAUL MN	
TITLE	P	AUTH, THOMAS L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		2266 N SECOND ST	
CITY-ST-ZIP		SAINT PAUL MN 55109	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	Schulz, Scott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2266 N. Second St.	
CITY-ST-ZIP		North St. Paul, MN 55109	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P	Durant, Charles A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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 like empowered.

**SIGNATURE:** *Scott L. Schulz* **VP Finance** **7/12/01** **651-777-2690**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)