

**2001 UNIFORM BUSINESS REPORT (UBR)**

33

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90036 020 \*\*\*150.00

**DOCUMENT # F93000005760**

1. Entity Name  
**WELLCRAFT MARINE CORP.**

Principal Place of Business 100 SOUTH 5TH ST., STE. 2400 MINNEAPOLIS MN 55402	Mailing Address 100 SOUTH 5TH ST., STE. 2400 MINNEAPOLIS MN 55402
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LUU10031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2900 IDS Center Suite, Apt. #, etc. 80 South 80th Street City & State Minneapolis MN Zip 55402 Country USA	3. Mailing Address 2900 IDS Center Suite, Apt. #, etc. 80 South 80th Street City & State Minneapolis MN Zip 55402 Country USA
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4. FEI Number <b>36-3924056</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**CT 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's 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, 2001 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 DVP NAME CLOUTIER, ROGER R II STREET ADDRESS 100 SOUTH FIFTH STREET, STE. 2500 CITY-ST-ZIP MINNEAPOLIS MN SEE ABOVE	<input type="checkbox"/> Delete
TITLE DVP NAME ROSENDAHL, JOHN S STREET ADDRESS 100 SOUTH FIFTH ST., STE. 2400 CITY-ST-ZIP MINNEAPOLIS MN	<input checked="" type="checkbox"/> Delete
TITLE D NAME OPPEGAARD, GRANT STREET ADDRESS 100 SOUTH FIFTH STREET #2400 CITY-ST-ZIP MINNEAPOLIS MN SEE ABOVE	<input type="checkbox"/> Delete
TITLE VPS NAME MCCONNELL, MARY P STREET ADDRESS 100 SOUTH FIFTH ST., STE. 2400 CITY-ST-ZIP MINNEAPOLIS MN SEE ABOVE	<input type="checkbox"/> Delete
TITLE P NAME SCRUGGS, MICHAEL STREET ADDRESS 1651 WHITFIELD AVE. CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> Delete
TITLE VP NAME CALLAHAN, STEVE A STREET ADDRESS 1651 WHITFIELD AVE CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVP NAME DAVID M VIGDAL STREET ADDRESS 2900 IDS Center CITY-ST-ZIP 80 SOUTH 80th CENTER MINNEAPOLIS MN 55402	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME GREG GULLOCHER STREET ADDRESS 1651 WHITFIELD AVE CITY-ST-ZIP SARASOTA FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME MARK PETERS STREET ADDRESS 2900 IDS CENTER CITY-ST-ZIP 80 South 80th Center MINNEAPOLIS MN 55402	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Bill VANILK STREET ADDRESS 1651 WHITFIELD AVE CITY-ST-ZIP SARASOTA FL 34243	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Robert Maltzoff STREET ADDRESS 1651 WHITFIELD AVE CITY-ST-ZIP SARASOTA FL 34243	<input 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 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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DATE: 5-30-01  
 DAYTIME PHONE: 941-953-7811

CR2E034 (10/00)