

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90080 044 \*\*\*150.00

**DOCUMENT # F93000005760**

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

Principal Place of Business

**2900 IDS CENTER  
 80 SOUTH 20TH STREET  
 MINNEAPOLIS MN 55402**

Mailing Address

**2900 IDS CENTER  
 80 SOUTH 20TH STREET  
 MINNEAPOLIS MN 55402**

2. Principal Place of Business

**2900 IDS Center**

3. Mailing Address

**2900 IDS Center**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**80 S. 8TH ST.**

**80 S. 8TH ST.**

City & State

City & State

**MINNEAPOLIS MN**

**MINNEAPOLIS MN**

Zip

Country

Zip

Country

**55402**

**USA**

**55402**

**USA**

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

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 \$150.00  
 After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVP	CLOUTIER, ROGER R II	2900 IDS CTR., 80 SOUTH STREET	MINNEAPOLIS MN 55402	<input type="checkbox"/>
DVP	VIDGAL, DAVID M	2900 IDS CTR.	MINNEAPOLIS MN 55402	<input type="checkbox"/>
D	OPPEGAARD, GRANT	2900 IDS CTR., 80 SOUTH 8TH STREET	MINNEAPOLIS MN 55402	<input type="checkbox"/>
VPS	MCCONNELL, MARY P	2900 IDS CTR., 80 SOUTH 8TH STREET	MINNEAPOLIS MN 55402	<input type="checkbox"/>
P	SCRUGGS, MICHAEL	1651 WHITFIELD AVE.	SARASOTA FL	<input type="checkbox"/>
VP	CALLAHAN, STEVE A	1651 WHITFIELD AVE	SARASOTA FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2900 IDS CTR., 80 S. 8TH ST.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2900 IDS CTR., 80 S. 8TH ST.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (612) 339-9500  
 Date Daytime Phone #

80100654



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)