

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90702 044 ***150.00

0850014 AT

DOCUMENT # F93000005760

1. Entity Name
WELLCRAFT MARINE CORP.



Principal Place of Business
**2900 IDS CENTER
80 SOUTH 8TH STREET
MINNEAPOLIS MN 55402**

Mailing Address
**2900 IDS CENTER
80 SOUTH 8TH STREET
MINNEAPOLIS MN 55402**

11037107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3924056**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** Delete
NAME **CLOUTIER, ROGER R II**
STREET ADDRESS **2900 IDS CTR, 80 SOUTH 8TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **DVP** Delete
NAME **VIGDAL, DAVID M**
STREET ADDRESS **2900 IDS CTR, 80 SOUTH 8TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **OPPEGAARD, GRANT**
STREET ADDRESS **2900 IDS CTR, 80 SOUTH 8TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **VPS** Delete
NAME **MCCONNELL, MARY P**
STREET ADDRESS **2900 IDS CTR, 80 SOUTH 8TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE **VPS** Change Addition
NAME **JEFFREY E. MELAY**
STREET ADDRESS **2900 IDS CTR., 80 S. 8TH ST.**
CITY-ST-ZIP **MINNEAPOLIS, MN 55402**

TITLE **P** Delete
NAME **SCRUGGS, MICHAEL**
STREET ADDRESS **1651 WHITFIELD AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **VP** Delete
NAME **CALLAHAN, STEVE A**
STREET ADDRESS **1651 WHITFIELD AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

612-339-7600
Daytime Phone #

CR2E034 (10/02)