

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90140 017 ***150.00

DOCUMENT # F94000002845

1. Entity Name
ONEIDA REALTY COMPANY

Principal Place of Business 306 W. SUPERIOR ST. SUITE 1605 DULUTH MN 55802		Mailing Address 306 W. SUPERIOR ST. SUITE 1605 DULUTH MN 55802-1803	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **41-0460000** Applied For
 Net Assets

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

608934



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301		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 _____ (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, 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESCOTT, R K			NAME			
STREET ADDRESS	1605 ALWORTH BUILDING			STREET ADDRESS			
CITY-ST-ZIP	DULUTH MN 55802			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCHANAN, R. BRUCE			NAME			
STREET ADDRESS	700 LONSDALE BUILDING			STREET ADDRESS			
CITY-ST-ZIP	DULUTH MN 55802			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAFLAMME, STEVEN G			NAME			
STREET ADDRESS	1605 ALWORTH BUILDING			STREET ADDRESS			
CITY-ST-ZIP	DULUTH MN 55802			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEDIN, ROGER D			NAME			
STREET ADDRESS	1605 ALWORTH BUILDING			STREET ADDRESS			
CITY-ST-ZIP	DULUTH MN 55802			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LITTLER, THEA M			NAME			
STREET ADDRESS	1605 ALWORTH BUILDING			STREET ADDRESS			
CITY-ST-ZIP	DULUTH MN 55802			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRATZNER, GEORGE W			NAME			
STREET ADDRESS	1605 ALWORTH BUILDING			STREET ADDRESS			
CITY-ST-ZIP	DULUTH MN 55802			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: Thea M. Littler **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Thea M. Littler** **01/18/00** **(218) 722-0816**
 Date Daytime Phone #