

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000004347

FILED
Jan 21, 2002 8:00 AM
Secretary of State

Entity Name: RETAIL ASSOCIATES, INC.

Current Principal Place of Business:

2325 ENDICOTT ST
ST PAUL, MN 55114 US

New Principal Place of Business:

Current Mailing Address:

2325 ENDICOTT ST
ST PAUL, MN 55114 US

New Mailing Address:

FEI Number: 41-0942904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: OLMSCHIED, JOHN W
Address: 2325 ENDICOTT ST
City-St-Zip: ST PAUL, MN 55114

Title: DST () Delete
Name: BONELLO, JULIUS F
Address: 2325 ENDICOTT ST
City-St-Zip: ST APUL, MN 55114

Title: DV () Delete
Name: BONNELLO, STEPHEN
Address: 2325 ENDICOTT ST
City-St-Zip: ST PAUL, MN 55114

Title: DV () Delete
Name: OLMSCHIED, JOHN C
Address: 2325 ENDICOTT ST
City-St-Zip: ST PAUL, MN 55114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVPD (X) Change () Addition
Name: OLMSCHIED, JOHN W
Address: 2325 ENDICOTT ST
City-St-Zip: ST PAUL, MN 55114

Title: CDST (X) Change () Addition
Name: BONELLO, JULIUS F
Address: 2325 ENDICOTT ST
City-St-Zip: ST APUL, MN 55114

Title: DP (X) Change () Addition
Name: BONELLO, STEPHEN
Address: 2325 ENDICOTT ST
City-St-Zip: ST PAUL, MN 55114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P. BONELLO

PRES

01/21/2002

Electronic Signature of Signing Officer or Director

_____ Date