

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

0697967

**DOCUMENT # F97000000313**

1. Entity Name  
**WAMINET INC.**

05-03-2001 90100 021 \*\*\*150.00

Principal Place of Business      Mailing Address  
**655 LONE OAK DRIVE**      **655 LONE OAK DRIVE**  
**EAGAN MN 55121**      **EAGAN MN 55121**

**757080**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **41-1795247**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T 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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>CS DRISCOLL, ED III</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>655 LONE OAK DR</b>	
CITY-ST-ZIP	<b>EAGAN MN 55121</b>	
TITLE NAME	<b>CFO ZIMMERMAN, TERRI</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>655 LONE OAK DR</b>	
CITY-ST-ZIP	<b>EAGAN MN 55121</b>	
TITLE NAME	<b>S DRISCOLL, EDWARD JR.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2500 CHRISTIAN DRIVE</b>	
CITY-ST-ZIP	<b>CHASKA MN 55318</b>	
TITLE NAME	<b>P GIBSON, DENISE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>655 LONE OAK DR</b>	
CITY-ST-ZIP	<b>EAGAN MN 55121</b>	
TITLE NAME	<b>D HOFFMAN, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>655 LONE OAK DR</b>	
CITY-ST-ZIP	<b>EAGAN MN 55121</b>	
TITLE NAME	<b>D KELLY, WILLIAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>655 LONE OAK DR</b>	
CITY-ST-ZIP	<b>EAGAN MN 55121</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Will Sullivan President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>655 Lone oak Dr.</b>	
CITY-ST-ZIP	<b>Eagan MN 55121</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-201**      Daytime Phone #: **651-256-5100**

CR2E034 (10/00)