

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000000313

FILED  
Apr 03, 2002 8:00 AM  
Secretary of State

Entity Name: WAMINET INC.

## Current Principal Place of Business:

655 LONE OAK DRIVE  
EAGAN, MN 55121

## New Principal Place of Business:

## Current Mailing Address:

655 LONE OAK DRIVE  
EAGAN, MN 55121

## New Mailing Address:

FEI Number: 41-1795247

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: CS ( ) Delete  
Name: DRISCOLL, ED III  
Address: 655 LONE OAK DR  
City-St-Zip: EAGAN, MN 55121

Title: CFO ( ) Delete  
Name: ZIMMERMAN, TERRI  
Address: 655 LONE OAK DR  
City-St-Zip: EAGAN, MN 55121

Title: S (X) Delete  
Name: DRISCOLL, EDWARD JR.  
Address: 2500 CHRISTIAN DRIVE  
City-St-Zip: CHASKA, MN 55318

Title: P (X) Delete  
Name: SULLIVAN, WILL  
Address: 655 LONE OAK DR  
City-St-Zip: EAGAN, MN 55121

Title: D (X) Delete  
Name: HOFFMAN, ROBERT  
Address: 655 LONE OAK DR  
City-St-Zip: EAGAN, MN 55121

Title: D (X) Delete  
Name: KELLY, WILLIAM  
Address: 655 LONE OAK DR  
City-St-Zip: EAGAN, MN 55121

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: WILLIAMS, MICHAEL  
Address: 655 LONE OAK DR  
City-St-Zip: EAGAN, MN 55121

Title: D (X) Change ( ) Addition  
Name: GRAY, LISA  
Address: 655 LONE OAK DR  
City-St-Zip: EAGAN, MN 55121

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

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

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

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: LISA GRAY

D

04/03/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date