

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90016 006 \*\*\*150.00

**DOCUMENT #** F97000003155  
**1. Entity Name**  
 AIR QUALITY ENGINEERING, INC. ✓

<b>Principal Place of Business</b> 7140 Northland Drive N Mpls., MN 55428-1520	<b>Mailing Address</b> 7140 Northland Drive N Mpls., MN 55428-1520
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**A0071046**

<b>2. Principal Place of Business</b> 7140 Northland Drive N Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7140 Northland Drive N Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Mpls., MN	<b>City &amp; State</b> Mpls., MN	<b>4. FEI Number</b> 41-1244876	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 55428-1520	<b>Country</b> USA	<b>Zip</b> 55428-1520	<b>Country</b> USA
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  McMonigle, Joseph B  1280 10th Ave N Naples., FL 34102	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 resigning) \_\_\_\_\_ **DATE** \_\_\_\_\_

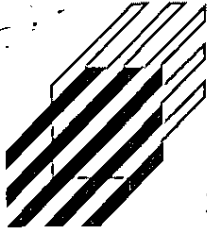
<input type="checkbox"/> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> Pres./CEO	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Oas, Heidi D		<b>NAME</b>	
<b>STREET ADDRESS</b> 7140 Northland Drive N		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b> Mpls., MN 55428-1520		<b>CITY-STATE-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>		<b>CITY-STATE-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>		<b>CITY-STATE-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>		<b>CITY-STATE-ZIP</b>	

CR2ED34 (11/00)

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:** Heidi D Oas **DATE:** 5/2/01 **DAYTIME PHONE #:** 763-531-9823



**AIR QUALITY  
ENGINEERING**

**AIR QUALITY ENGINEERING, INC.**

7140 Northland Drive North, Minneapolis, MN 55428-1520  
Phone: (800) 328-0787 Fax: (763) 531-9900 E-Mail: aqe@isd.net

Attachment  
D# FANNOU 03153  
A0071096

May 2, 2001

Dept of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Gentlemen:

RE: FEI 41-1244876

We are requesting abatement of the penalty for late filing of our 2001 Uniform Business Report.

I contacted your office this morning after discovering that we had not received our annual filing report. Although we noted our change of address on the 2000 UBR, it was confirmed that our mailing/principal place of business has not been changed in your system.

We respectfully request that you take abatement of this penalty into consideration.

Sincerely,

AIR QUALITY ENGINEERING, INC.

Debra Tomala  
Controller

Enc

# 2000 UNIFORM BUSINESS REPORT (UBR)

Attachment  
 # F97000003155  
 A0071046

**DOCUMENT # 797000003155**

1. Entity Name  
**AIR QUALITY ENGINEERING, INC.**

Principal Place of Business 3340 WINPARK DRIVE MINNEAPOLIS MN 55427-2083	Mailing Address 3340 WINPARK DRIVE MINNEAPOLIS MN 55428-1513
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2. Principal Place of Business <b>7140 Northland Drive N</b>	3. Mailing Address <b>7140 Northland Drive N</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Mpls, MN</b>	City & State <b>Mpls, MN</b>	4. FEI Number <b>41-1244876</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>55428-1520</b>	Country <b>Hennepin</b>	Zip <b>55428-1520</b>	Country <b>Hennepin</b>

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

6. Name and Address of Current Registered Agent

**MCMONIGLE, JOSEPH B**  
**213 AIRPORT RD S.**  
**NAPLES FL 34104**

7. Name and Address of New Registered Agent

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 31, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OAS, HEIDI D</b> <b>3340 WINPARK DRIVE</b> <b>MINNEAPOLIS MN 55427-2083</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Heidi D Oas** Date: **5/4/00** Daytime Phone #: **763-531-9823**