

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90010 010 \*\*\*150.00

**DOCUMENT # F98000001533**

1. Entity Name  
**LENSOURCE, INC.**

Principal Place of Business

566 PRAIRIE CENTER DR  
 #201  
 EDEN PRAIRIE MN 55344  
 US

Mailing Address

566 PRAIRIE CENTER DR  
 #201  
 EDEN PRAIRIE MN 55344-7917  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5125 County Rd. 101  
 Suite, Apt. #, etc.  
 Suite 200

3. Mailing Address

5125 County Rd. 101  
 Suite, Apt. #, etc.  
 Suite 200

City & State

Minnetonka, MN

City & State

Minnetonka, MN

4. FEI Number

41-1810165

Applied For

Not Applicable

Zip

55345

Country

USA

Zip

55345

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	KINZIE, KEVIN M	
STREET ADDRESS	930 SMITHTOWN TERRACE	
CITY-ST-ZIP	EXCELSIOR MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARKEE, DANIEL A	
STREET ADDRESS	5405 LONDONDERRY ROAD	
CITY-ST-ZIP	EDINA MN	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KINZIE, KAREN	
STREET ADDRESS	930 SMITHTOWN TERRACE	
CITY-ST-ZIP	EXCELSIOR MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Kerby II	
STREET ADDRESS	Two Ravinia Dr., Suite 1600	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	Senior Vice Pres. / Secretary / Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Markee	
STREET ADDRESS	5405 Londonderry Road	
CITY-ST-ZIP	Edina, MN	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. William Richardson	
STREET ADDRESS	3323 Ponoka Rd.	
CITY-ST-ZIP	Pittsburgh, PA 15241	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Snejwas	
STREET ADDRESS	111 S.W. 5th Ave., Ste. 1000, 10th Floor	
CITY-ST-ZIP	Portland, OR 97204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**REQUIRE REQUIRED** Kevin Kinzie

1/27/00

(612) 906-2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)