

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90113 002 ***150.00

DOCUMENT # F99000000881

1. Entity Name

OCB REALTY CO.

Principal Place of Business

Mailing Address

10260 VIKING DR.
 EDEN PRAIRIE MN 55344

10260 VIKING DR.
 EDEN PRAIRIE MN 55344-7201

2. Principal Place of Business

1460 Buffet Way

3. Mailing Address

1460 Buffet Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eagan, MN

City & State

Eagan, MN

4. FEI Number

41-1777609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

55121

Country

USA

Zip

55121

Country

USA

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	CCEO	<input type="checkbox"/> Delete
NAME	HATLEN, ROE H	
STREET ADDRESS	10260 VIKING DR.	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	GRANT, CLARK C	
STREET ADDRESS	10260 VIKING DR.	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOLOVIA, PAUL	
STREET ADDRESS	10260 VIKING DR.	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, H. THOMAS	
STREET ADDRESS	10260 VIKING DR.	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
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	CCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatlen, Roe H	
STREET ADDRESS	1460 Buffet Way	
CITY-ST-ZIP	Eagan, MN 55121	
TITLE	DCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grant, Clark C	
STREET ADDRESS	1460 Buffet Way	
CITY-ST-ZIP	Eagan, MN 55121	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holovnia, Paul	
STREET ADDRESS	1460 Buffet Way	
CITY-ST-ZIP	Eagan, MN 55121	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, H. Thomas	
STREET ADDRESS	1460 Buffet Way	
CITY-ST-ZIP	Eagan, MN 55121	
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: *Paul Holovnia* **PAUL HOLOVIA, ASSISTANT SECRETARY**

(651) 994-8608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)

00092337



DO NOT WRITE IN THIS SPACE