FILED

JOHN R. BUZEK Feb 16,2001 (612)330-0232

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 21, 2001 8:00 am DOCUMENT # F9900004006 **Secretary of State** 1. Entity Name AEC ENGINEERING, INC. 02-21-2001 90054 008 \*\*\*150.00 Mailing Address Principal Place of Business 400 1ST AVE.. STE 400 400 1ST AVE., STE 400 MINNEAPOLIS MN 55401 MINNEAPOLIS MN 55401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 41-1377685 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete BUZEK, JOHN NAME STREET ADDRESS 5053 BELMONT AVE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN TITLE Delete Change ☐ Addition WARNER, GORDON NAME NAME STREET ADDRESS 7995 ISLAND RD STREET ADDRESS CITY-ST-ZIP EDEN PRAIRIE MN CITY-ST-ZIP VICE PRESIDENT, DILLEGAR OF TITLE ☐ Addition 4260 DANIEL ST. OPERATIONS NAME NAME STREET ADDRESS STREET ADDRESS CHSSTER, VA CITY-ST-ZIP CITY-ST-ZIP JOHN LOCHER MARKETIN MARKETING AND MN TITLE Change ☐ Addition NAME NAME 7820 GALWAY COVE STREET ADDRESS STREET ADDRESS EDEN PrAIRIE, MN *5*534 CITY-ST-ZIP CITY-ST-ZIP VICE PRSIDENT, Tom LOVENTE, DIRECTOR OF | Delete TITLE TITLE Change ☐ Addition NAME NAME 216 WOOD 1098 Pr. SECRETAIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANNON FALLS, MN CITY-ST-7IP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.