

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90156 023 ***150.00

DOCUMENT # P04375

1. Entity Name
VFP FIRE SYSTEMS, INC.



Principal Place of Business
**1301 L'ORIENT ST
SAINT PAUL MN 55117
US**

Mailing Address
**1301 L'ORIENT ST
SAINT PAUL MN 55117
US**

JUUU7070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-1913510**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSTON, RYAN	
STREET ADDRESS	1301 L'ORIENT ST	
CITY-ST-ZIP	ST. PAUL MN 55117	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUHA, BRYAN	
STREET ADDRESS	1301 L'ORIENT ST	
CITY-ST-ZIP	ST. PAUL MN 55117	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, L.R.	
STREET ADDRESS	2366 ROSE PLACE	
CITY-ST-ZIP	SAINT PAUL MN 55113	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEADIE, WILLIAM	
STREET ADDRESS	2366 ROSE PLACE	
CITY-ST-ZIP	SAINT PAUL MN 55113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RYAN KUHA**

Date **1/17/03** Daytime Phone # **651-558-3216**

CR2E034 (10/02)