

05-27-2002 90438 035 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P24286**
 1. Entity Name
AMERICAN BUSINESS PROMOTIONS ✓
 (DIVISION OF AMERICAN BUSINESS FORMS, INC.)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
31 E. Minnesota Ave
 Suite, Apt. #, etc.

3. Mailing Address
31 E. Minnesota Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Glenwood, MN

City & State
Glenwood MN

Zip
56334 Country
USA

Zip
56334 Country
USA

4. FEI Number
41-1393684 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Rd
 City
Plantation FL Zip Code
33324

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)

January 1 - May 1 Fee is **\$150.00**
 After May 1, Fee is **\$550.00**
 Amended UBR is **\$61.25**
 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 NAME STREET ADDRESS CITY-ST-ZIP	Pres. Sec. Treas., Dir Larry Zavadil 31 E Minnesota Ave Glenwood MN 56334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Curt Briggs 31 E. Minnesota Ave Glenwood MN 56334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Bruce Oberland 31 E. Minnesota Ave. Glenwood MN 56334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mike Stai 31 E Minnesota Ave Glenwood MN 56334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Craig Mahan 31 E. Minnesota Ave Glenwood MN 56334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Blake Wold 31 E. Minnesota Ave Glenwood MN 56334

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4/29/02** DAYTIME PHONE: **800-721-7110**

CR2E034B (12/01)