

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90037 036 \*\*\*150.00

**DOCUMENT # P29726**

1. Entity Name  
**PLATO, INC.**



Principal Place of Business  
**10801 NESBITT AVE. SOUTH  
BLOOMINGTON MN 55437  
US**

Mailing Address  
**10801 NESBITT AVE. SOUTH  
555  
BLOOMINGTON MN 55437  
US**

2. Principal Place of Business

3. Mailing Address  
**10801 NESBITT AVE SOUTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BLOOMINGTON MN**

Zip

Country

Zip

Country

**55437**

**USA**

4. FEI Number **41-1646390**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

00043000



## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROACH, WILLIAM R.</b> <b>45 HAWTHORNE LANE</b> <b>BARRINGTON HILLS IL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MURRAY, JOHN</b> <b>17514 GEORGE MORAN DR.</b> <b>EDEN PRAIRIE MN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAKAUER, JOHN L</b> <b>348 JADE RD</b> <b>SILVERTHORNE CO</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REIMER, DENNIS J</b> <b>1109 OUTABOUNDS DR</b> <b>EDMOND OK 73034</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BUSKE, JOHN M</b> <b>780 SADDLEWOOD DR.</b> <b>EAGAN MN 55123</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MURPHY, MARY J.</b> <b>10745 PENN AVE S</b> <b>BLOOMINGTON MN 55431</b>	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUTH L GREENSTEIN</b> <b>2737 DEVONSHIRE PLACE NW</b> <b>WASHINGTON DC 20008</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11391 ENTREVAUX DRIVE</b> <b>EDEN PRAIRIE MN 55347</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROBERT M KILGARREFF</b> <b>1504 THOMAS LANE</b> <b>EAGAN MN 55123</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>730 SADDLEWOOD DRIVE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mary Jo Murphy VP & Corporate Controller 4/22/03**

Date

Signature Printed Name

CR2E034 (10/02)