

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077947

1. Entity Name

KEYSTAFF, INC.

Principal Place of Business

1380 DUCKWOOD DR
EAGAN MN 55123
US

Mailing Address

PO BOX 21517
EAGAN MN 55121-0517
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1340 DUCKWOOD DR

Suite, Apt. #, etc.

STE 10

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1887214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, PAUL M
4362 NORTHLAKE BOULEVARD #202
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

MITCHELL J PEERS
Street Address (P.O. Box Number is Not Acceptable)

PROSPERITY GARDENS, SUITE 204

11380 PROSPERITY FARMS ROAD

PALM BEACH GARDENS FL 33410

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

MITCHELL J PEERS
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/28/00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOPSON, ROBERT L
12098 LOST TREE WAY
NORTH PALM BEACH FL 33408

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
THOEMKE, JOSEPH
810 PARK PLACE DRIVE
MENDOTA HEIGHTS MN 55118

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000003497350--3
-12/12/00--01071--019
****600.00 ****600.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4/19/00 651-686-5300

KE

FILED

00 NOV 30 PM 2:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

00



DO NOT WRITE IN THIS SPACE

6/23/00 00000002 \$150.00