

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P04406**

1. Entity Name

ASCEND FINANCIAL SERVICES, INC.

Principal Place of Business

**400 NORTH ROBERT STREET
ST. PAUL MN 55101**

Mailing Address

**400 NORTH ROBERT STREET
ST. PAUL MN 55101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1486060

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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.

SIGNATURE

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

(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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DENNIS E. PROHOFSKY	
STREET ADDRESS	755 E. MONTANA	
CITY-ST-ZIP	ST. PAUL MN	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HURSTAD, ROBERT E	
STREET ADDRESS	1650 BLACKHAWK COVE	
CITY-ST-ZIP	EAGAN MN 55122	

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

TITLE	VPTS	<input type="checkbox"/> Delete
NAME	MARGARET M. MILOSEVICH	
STREET ADDRESS	2601 WEXFORD HGTS. LANE	
CITY-ST-ZIP	NEW BRIGHTON MN	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNOLLY, GEORGE I.	
STREET ADDRESS	9860 INDIGO TRAIL	
CITY-ST-ZIP	GRANT MN 55115	

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

TITLE	ATAS	<input type="checkbox"/> Delete
NAME	CLARK, THOMAS L	
STREET ADDRESS	W. 10546 880TH AVENUE	
CITY-ST-ZIP	RIVER FALLS WI	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PROHOFSKY, DENNIS E	
STREET ADDRESS	755 E MONTANA	
CITY-ST-ZIP	SAINT PAUL MN 55106	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Thomas L. Clark

3/30/2001

651-665-4306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90059 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

ASCEND FINANCIAL SERVICES, INC.

Officers

02/01/2001

<u>Name and Title</u>	<u>Social Security #</u>	<u>CRD#</u>	<u>Residence Address</u>	<u>Business Address</u>
George I. Connolly President and Chief Executive Officer	024-50-6251	1457599	9860 Indigo Trail Grant, MN 55115	400 Robert Street North St. Paul, MN 55101
Margaret P. Milosevich Vice President, Chief Operations Officer, Secretary and Treasurer	392-70-8864	1493467	2601 Wexford Hghts Lane New Brighton, MN 55112	400 Robert Street North St. Paul, MN 55101
Loyall E. Wilson Vice President and Chief Compliance Officer	380-58-7264	1368670	7065 Unity Avenue North Brooklyn Center, MN 55429	400 Robert Street North St. Paul, MN 55101
Thomas L. Clark Assistant Secretary and Assistant Treasurer	472-54-1754	47905	W10546 880th Avenue River Falls, WI 54022	400 Robert Street North St. Paul, MN 55101

Directors

Robert E. Hunstad	469-42-9796	1480417	1650 Blackhawk Cove Eagan, MN 55122	400 Robert Street North St. Paul, MN 55101
George I. Connolly	024-50-6251	1457599	9860 Indigo Trail Grant, MN 55115	400 Robert Street North St. Paul, MN 55101
Dennis E. Prohovsky	468-46-2497	2636727	755 E. Montana St. Paul, MN 55106	400 Robert Street North St. Paul, MN 55101

Attachment##
PD4406
520633