- 2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # K58198** 1. Entity Name DRISCOLL PROPERTIES, INC. 4-16-2001 90481 021 ***150.00 Principal Place of Business Mailing Address 332 MINNESOTA STREET 332 MINNESOTA STREET **SUITE 2100** SUITE 2100 ST PAUL MN 55101 ST PAUL MN 55101 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 41-1630464 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marder, Michael E. Not a Name SOUTH TRUST BANK BUILDING Street Address (P.O. Box Number is Not Acceptable) Change, See 135 WEST CENTRAL BLVD SUITE #1100 Attachment ORLANDO FL 32801 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00 ☐ Delete TITLE TITLE DRISCOLL, W JOHN NAME NAME 2100 FIRST NATL BK BLDG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PAUL MN ☐ Change ☐ Addition ☐ Delete TITLE DRISCOLL, WILLIAM L NAME NAME 2100 FIRST NATL BK BLDG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PAUL MN TITLE Change ■ Addition TITLE ☐ Delete DRISCOLL, RUDOLPH W NAME NAME -2100 FIRST NATL BK BLDG STREET ADDRESS STREET ADDRESS ST PAUL MN CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition GIEFER, MICHAEL J NAME NAME 2100 FIRST NATL BK BLDG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PAUL MN CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HOLM, RICARD T NAME NAME 2100 FIRST NATIONAL BANK BUILDING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PAUL MN CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Giefer

PROFIT SORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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"Attachment" A0049380 DRISCOLL PROPERTIES, INC. Principal Place of Business Mailing Address 2100 FIRST NATIONAL BANK BLOG 2100 FIRST NATIONAL BANK-BLDG ST PAUL MN 55101 -ST PAUL MN 55101-DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/13/1989 2. Principal Place of Business 332 Minnesota Street 2a. Mailing Address 332 Minnesota Street 4. FEI Number Applied For 41-1630464 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 2100 Suite 2100 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be St. Paul, MN St. Paul, 28 Trust Fund Contribution Added to Fees Country Zip 55101 Country 8. This experation owes the current year Intangible 55101 US 30 Yes □No Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARDER, MICHAEL E. Street Address (P.O. Box Number is Not Acceptable) 82 =6700-N. ANDREWS AVE. South Trust Bank Building, Suite 1100 SUITE 400 83 135 West Central Boulevard FT LAUDERDALE FL 33037 84 85 Zip Code Orlando 32801 7.1508, Florida Statutes, the above-named corporation such is this statement for the purpose of changing its registered Such change was authorized by the corporation's beam of chectors. Thereby accept the appointment as registered section 607.0505. Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of SIGNATURE (NOTE: Registered Agent signature required when he harder; DATE Signature, typed or printed name of registered agent a ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND 13. DELETE Addition Change 1,1 TITLE TITLE DRISCOLL, W JOHN 1.2 NAME NAME STREET ADDRESS 2100 FIRST NATL BK BLDG 1.3 STREET ADDRESS ST PAUL MN 1.4 CITY- ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE VD DRISCOLL, WILLIAM L NAME 2.2 NAME 2100 FIRST NATL BK BLDG STREET ADDRESS 2.3 STREET ADDRESS ST PAUL MN CITY-ST-ZIF 2.4 CITY-ST-ZIP DELETE Addito: TITLE Change 3.1 TITLE NAME DRISCOLL. RUDOLPH W 3.2 NAME STREET ADDRESS 2100 FIRST NATL BK BLDG 3.3 STREET ADDRESS ST PAUL MN CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE Change Addition S 4.1 TITLE GIEFER, MICHAEL J NAME 4. 2 NAME 2100 FIRST NATL BK BLDG STREET ADDRESS 4.3 STREET ADDRESS ST PAUL MN CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE Change TITLE 5.1 TITLE NAME HOLM, RICARD T 5.2 NAME 2100 FIRST NATIONAL BANK BUILDING 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIPI 5.4 CITY ST. ZIE st. Paul Mn DELETE 6.1 TIT) F TITLE Change ☐ Addition 6.2 NAME NAME

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Michael

STREET ADDRESS

CITY-ST-ZIP

PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Giefer

4/20/99 651-215-4410
Daytime Phone #