## FILED May 03, 2001 8:00 am Secretary of State

DEN PRAIRE MN 5344  EDEN PRAIR	PAYME	NT & LOG					05-03-2001 90958 049 ***150.00						
### SIGN MTCHELL ROAD EDEN PRAIRE MN 3544  2. Principal Place of Bus ness	Principal Pla	ace of Busines	88	Mailing Address									
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City & State  Country  S. Certificate of Status Desired \$8.75 Addition Fee Required Fee Required Fee Required  T. Name and Address of New Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida.  SiGNATURE  Signature is peed or prised name of registered agent and site if application.  (ROTE Registered Agent signature registered agent, or both, in the State of Florida.  SiGNATURE  Signature is peed or prised name of registered agent and selects to do so.  Make Check Payable to Department of State  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Department of State  III.  OFFICERS AND DIRECTORS  III.  Director  WALKER, MARK  STREET ADDRESS  STRE													
Zip Country Zip Country S. Certificate of Status Desired S8.75 Addition See Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  The above named entity submits this statement for the purposo of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Speakure, speed or printed name of registered agent and site if application.  PARTER Registered Agent symbolic requirement agent and site if application.  Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  The above named entity submits this statement for the purposo of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Speakure, speed or printed name of registered agent and site if application.  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  OFFICERS AND DIRECTORS IN Make Check Payable to Department of State Director  NAME STATE ADDRESS 100 Mitchell Road, Suite 200  Check Payable Agent Payable Agent Payable Agent Payable Agent Payable Agent Payable Agent Payable Age									DO NOT WRITE IN THIS SPACE				
Signature Burden or preed rome of registered Agent and late 11 applicable by City	City & State			City & State				4. FEI Number 41-1958260 Applied For Not Applied For					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  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, hyped or printed name of registered agent and life if applicable.  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  Added to F Add	Zip		Country	Zip		Country		5. Certificate of Status Desired \$8.75 Additional				litional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 priesed name of registered agent and site if applicable.  Part liting requirement and elects to do so.  Signature of priesed name of registered agent and site if applicable.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  Thus corporation is eligible to satisfy its Intangible Tax liting requirement and elects to do so.  Signature of priesed name of registered agent and site if applicable.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  Trust Fund Contribution.  Added to Fundament of State  OFFICERS AND DIRECTORS IN Director  Change Covers of the properties of the priesed name of registered agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  Added to Fundament of Registered Agent signature required when reprised when reprise	6. Name and Address of Current Registered Agent												
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. 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. Treet or printed name of registered agent and title if applicable.  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  TITLE  D  GOVEN, GREG  GOVEN, GREG  GOVEN, GREG  SIRETADORESS  SINO MITCHELL ROAD SIRETADORESS  DEDEN PRAIRIE MN 5344  TILE  PD  WALKER, MARK  WALKER, MARK  WALKER, MARK  WALKER, MARK  SIRETADORESS  SIRETADORES	<del></del>		'		-	≃ Name⊸							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMAKE Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMAKE Check Payable to Department of State  13. Delete  14. Director  15. Verdoorn, Darryl R.  16. STREET ADDRESS  17. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  19. MANKE  19.	1200 SOUTH PINE ISLAND ROAD					Street A	Address (P.	(P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its 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	PLA	NTATION F	L 33324			-							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature. Typed or privated name of registered agent and title if applicable.  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and elects to do so. (See criteria on back)  Part filing requirement and						City				El Zi	p Code	<del></del>	
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when noinclasting)   DATE	5 TI 1												
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WIEHOFF, JOHN P STREET ADDRESS RITY-ST-ZIP  WIEHOFF, JOHN P SINGH, J J STREET ADDRESS RITY-ST-ZIP  Butzow, Barry 8100 Mitchell Road, Suite 200 Eden Prairie, MN 55344  TITLE NAME SINGH, J J STREET ADDRESS RITY-ST-ZIP  Butzow, Barry 8100 Mitchell Road, Suite 200 Eden Prairie, MN 55344  Change  C	IAME TREET ADDRESS	WALKER, 8100 MITO EDEN PRA	CHELL ROAD	☐ Delete	NAME STREE	T ADDRESS	Walk 8100	er, M Mitc	ark hell Road		ange	☐ Addition	
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AME SANDSTROM, THOMAS J TREET ADDRESS ITY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP Eden Prairie; MN 55344  TITLE Director Of P. Change X Change X Change X STREET ADDRESS CITY-ST-ZIP Eden Prairie; MN 55344	TREET ADDRESS	S SANDSTRO 8100 MITC	DM, THOMAS J HELL ROAD	☐ Delete	STREE		Gleas 8100	son, ( Mitch	Owen P. nell Road, Suit	te 200	ange	Addition	
	AME REET ADDRESS			☐ Delete	NAME STREET	ſ	Treas Renne 8100	surer er, Tı Mitcl	roy A. nell Road, Sui	☐ Cha	inge	<b>X</b> Addition	

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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

Thomas J. Sandstrom

4/25/01

952.937.8500

Daytime Phone #