

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90545 014 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000005597
 1. Entity Name
 NORFIRE DESIGN INC.

DO NOT WRITE IN THIS SPACE

20018987

2. Principal Place of Business
 1011 2ND STREET NORTH
 Suite, Apt. #, etc.
 SUITE 100

3. Mailing Address
 10111 2ND STREET NORTH
 Suite, Apt. #, etc.
 SUITE 100

DO NOT WRITE IN THIS SPACE

City & State
 ST. CLOUD MN

City & State
 ST. CLOUD MN

4. FEI Number 411936228 Applied For
 Not Applicable

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

Zip 56303 Country USA Zip 56303 Country USA

7. Name and Address of Registered Agent

Name A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable)
 25 S.E. 2ND AVENUE SUITE 1036

City MIAMI FL Zip Code 33131

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 *Paul Smith* PAUL SMITH, VICE PRESIDENT DATE 01-24-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 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	PRESIDENT EDUARD MEIJER 1011 2ND STREET NORTH, SUITE 100 ST. CLOUD MN 56303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Eduard Meijer* EDUARD MEIJER, PRESIDENT 1/03/02 (320) 656-1345

Signature and typed or printed name of signing officer or director

Date Daytime Phone