

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90010 034 ***150.00

DOCUMENT # 679522

1. Entity Name

INTERNATIONAL AUTOMATED ENERGY SYSTEMS, INC.

Principal Place of Business

Mailing Address

GOLDEN GATE PKWY

TAX DEPT HQN12A

200

8100 34TH AVE S

FL 34105

MINNEAPOLIS MN 55425-1672

US

2. Principal Place of Business

3. Mailing Address

5301 MARYLAND WAY
 Suite, Apt. #, etc.

3311 E. OLD SHAKOPEE ROAD
 Suite, Apt. #, etc.

City & State

City & State

BRENTWOOD

MINNEAPOLIS MN

Zip

Zip

TN

55425

Country

Country

WILLIAMSON

MINNEAPOLIS

4. FEI Number

59-2037869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLCOMBE, T G	
STREET ADDRESS	8100 34TH AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN 55425	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	GRIERSON, J H	
STREET ADDRESS	8100 34TH AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN 55425	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIDAN M W	
STREET ADDRESS	8100 34TH AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN 55425	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	KRIBBS, R E	
STREET ADDRESS	8100 34TH AVE SO.	
CITY-ST-ZIP	MINNEAPOLIS MN 55425	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, H S	
STREET ADDRESS	8100 34TH AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN 55425	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MOEN, D T	
STREET ADDRESS	8100 34TH AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN 55425	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON GRISKA	
STREET ADDRESS	8100 34TH AVE SO	
CITY-ST-ZIP	MINNEAPOLIS MN 55425	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

(952) 853-3488

Date

Daytime Phone #

CR2E034 (9/99)