

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821764

NAME CHANGE

1. Entity Name

~~GERIDIAN CORPORATION~~

ARBUTON INC

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90058 020 ***150.00

Principal Place of Business

8100 34TH AVE SOUTH
TAX DEPARTMENT HQN12A
MINNEAPOLIS MN 55425-1640

Mailing Address

8100 34TH AVE SOUTH
TAX DEPARTMENT HQN12A
MINNEAPOLIS MN 55425-1640

2. Principal Place of Business

142 W. 57th ST.

Suite, Apt. #, etc.

11th FLOOR

3. Mailing Address

3311 E. OLD SHAWNEE

Suite, Apt. #, etc.

1

City & State

NEW YORK, NY

City & State

MINNEAPOLIS MN

Zip

10019

Country

Zip

55425

Country

MINNESOTA

4. FEI Number

52-0278528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRIERSON, J.H.	
STREET ADDRESS	8100 34TH AVE. SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	TURNER, R. L.	
STREET ADDRESS	8100 34TH AVE. SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MOEN, D.T.	
STREET ADDRESS	8100 34TH AVE. SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	NELSON, G M	
STREET ADDRESS	8100 34TH AVENUE SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURKLE, J.R.	
STREET ADDRESS	8100 34TH AVENUE SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	EICKHOFF, J.R.	
STREET ADDRESS	8100 34TH AVE. SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO / PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN B. MORRIS	
STREET ADDRESS	142 WEST 57th ST, 11th FLOOR	
CITY - ST - ZIP	NEW YORK NY 10019	
TITLE	CEO / VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM J. WALSH	
STREET ADDRESS	142 WEST 57th ST, 11th FLOOR	
CITY - ST - ZIP		
TITLE	LEGAL OFFICER - SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLORES L. CODY	
STREET ADDRESS	9705 PATUXENT WOODS DRIVE	
CITY - ST - ZIP	COLUMBIA MD 21046	
TITLE	VP OF OPERATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAIRE L. KUMMER	
STREET ADDRESS	9705 PATUXENT WOODS DRIVE	
CITY - ST - ZIP	COLUMBIA MD 21046	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA O'DONNELL	
STREET ADDRESS	9705 PATUXENT DRIVE	
CITY - ST - ZIP	COLUMBIA MD 21046	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dolores L. Cody, Executive Vice President

4-27-01

Date

410 / 312-8276

Daytime Phone #

CR2E034 (10/00)