

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90008 003 ***550.00

DOCUMENT # 828504

1. Entity Name

LIEBERMAN COMPANIES, INC. ✓

Principal Place of Business

9549 PENN AVE. SOUTH
 MINNEAPOLIS MN 55431

Mailing Address

9549 PENN AVE. SOUTH
 MINNEAPOLIS MN 55431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-0905764

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	LIEBERMAN, STEPHEN E	
STREET ADDRESS	9549 PENN AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OKINOW, HAROLD	
STREET ADDRESS	9549 PENN AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDBERG, SANFORD J	
STREET ADDRESS	9549 PENN AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEDERMAN, HAROLD	
STREET ADDRESS	9549 PENN AVE. S.	
CITY-ST-ZIP	MINNIAPOLIS MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	V - Vice President - CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold J Lederman	
STREET ADDRESS	9549 Penn Ave. S.	
CITY-ST-ZIP	Minneapolis, MN 55431	
TITLE	V - Vice President & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold N. Lieberman	
STREET ADDRESS	9549 Penn Ave. S.	
CITY-ST-ZIP	Minneapolis, MN 55431	
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:

Harold N. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00
 Date

952-887-5299
 Daytime Phone #

CR2E034 (5/00)