

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838422

1. Entity Name

SCHWAN'S SALES ENTERPRISES, INC.

FILED Jan 29, 2000 8:00 am Secretary of State 01-29-2000 90002 014 ***150.00

						01-29-2000 90002	2014	130.00	
Principal Plac	e of Business	Mailing Address			-				
115 WEST COLLEGE DRIVE MARSHALL MN 56258		115 WEST COLLEGE DRIVE MARSHALL MN 56258-1747							
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2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS S	PACE	
City & State		City & State			4. FEI	Number 41-0879087	··		oplied For
Zìp	Country	Zip	Country		5. Cer	tificate of Status Desired		8.75 Add	
	6. Name and Address of Current R	legistered Agent			7. Nan	ne and Address of New Re	gistered A	jent	
	Bornell Core Center Core	e e i salam nun ku i izer	- Nar	ne	جرسد راسد			وجيسيان	, - - -
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
PLA	NIATION PL 33324								
			City	•			FL	Zip Cod	е
8. The above	named entity submits this statement for	the purpose of changing its r	registered office	ce or register	red agent	or both, in the State of Flori	ida	<u>ـــ</u> ـــ	
	Trained State Substitute and State (State Substitute Su	ine perpose of offeriging to t	ogiotoroa onic	oc or regions.	ou agom,	ar boar, in any orace or high	· u u.		
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE:	Registered Agent	beriuper erutsingis	3 when reinsta	uting)	DATE		
9 This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!	FEE S \$1	50.00	T				
•	equirement and elects to do so.	After MAY 1, 200	,		1	 Election Campaign Fina Trust Fund Contribution. 	~ —		May Be
(See criter	ia on back)	Make Check Payabl			ite	musi Fund Controution.		Added	to Fees
11.	OFFICERS AND D	DIRECTORS	12.		ADDIT	IONS/CHANGES TO OFFIC	CERS AND D	DIRECTOR:	S IN 11
TITLE	PCEO		TITLE	CEO	P D			☐ Change	X Addition
NAME	Noyes, Kenneth H		NAME	Mary	vin L	inwood Pippin			
STREET ADDRESS	115 WEST COLLEGE DRIVE		STREET ADDR	ESS 115	West	College Drive			
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP	Mars	<u>shall</u>	. MN 56258			
TITLE	SD	☐ Delete	TITLE		CFO	•	•	🔀 Change	Addition
NAME	MILLER, DONALD		NAME		ald M				
STREET ADDRESS	115 W COLLEGE DRIVE		STREET ADDR	1 * * 7		College Drive			
CITY-ST-ZIP	MARSHALL MN		CITY-ST-ZIP	Mars	shall	<u>, MN 56258</u>	<u>·</u>		
TITLE	VT	☐ Delete	TITLE	İ				☐ Change	Addition
NAME Street address	HERRMAN, DAN	- · · · · · · · · · · · · · · · · · · ·	NAME STREET ADDR		· ~	-	• -	`-	
CITY-ST-ZIP	115 W COLLEGE DRIVE MARSHALL MN 56258		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	_+				Change	Addition
NAME	SCHWAN, ALFRED	□ Delete .	NAME						
STREET ADDRESS	115 WEST COLLEGE DRIVE		STREET ADDR	ESS					
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP	Ì					
TITLE	C.,	☐ Delete	TITLE					☐ Change	Addition
NAME	SCHWAN, ALFRED		NAME	- 1		\$			
STREET ADDRESS	115 WEST COLLEGE DRIVE	•	STREET ADDR	ESS					
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP			<u>. </u>			;
TITLE	CF0	☐ Delete	TITLE	D				☐ Change	□ Additior
NAME	MILLER, DONALD		NAME		ian J	. Anderson			
STREET ADDRESS	115 WEST COLLEGE DRIVE		STREET ADDR	1172		College Drive			
CITY-ST-ZIP	MARSHALL MN 56258	1.1. £111	CITY-ST-ZIP			MN 56258	t at.		
 I hereby c indicated 	ertify that the information supplied with t on this report or supplemental report is t	nis tiling does not qualify for t true and accurate and that m	tne exemption y signature sh	stated in Sec all have the s	ection 119 same lega	.ਹ7(ਤ)(i), Florida Statutes. I f al effect as if made under oa	urther certif ath; that I an	y that the ir an officer	ntormation or director

of the corporation or the receiver or trustle 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 arrivations, with all other like empowered.

SIGNATURE:

Dan Herrmann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/- 20 -00 507-532-3274

Date Daytime Phone #