2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838422



FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity Name SCHWAN'S SALES ENTERPRISES, INC.					02-24-2	2003 90180 03	7 ***150	0.00	
	ace of Business COLLEGE DRIVE MN 56258	Mailing Address 115 WEST COLLEGE DRIV MARSHALL MN 56258	Æ						
2. Principal	Place of Business	3. Mailing Address	, V .						
Suito Ar	at # oto								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 41-0879	087	<u> </u>	Applied For Not Applicable	
Zip	6. Name and Address of Current I		Country		5. Certificate of Status Des		\$8.75-Ad	ditional	
			7. Name and Address of I	lew Registered A	gent		╛		
CT COR	PORATION SYSTEM		Name						
1200 S. PINE ISLAND ROAD			Street	reet Address (P.O. Box Number is Not Acceptable)					
PLANTAT	ļ		· · · · · · · · · · · · · · · · · · ·	<u> </u>			\dashv		
ľ			City						╛
9 Thombou	i i			FL	Zip Cod				
the obliga	re named entity submits this statement for ations of registered agent.	the purpose of changing its r	egistered office	or registered	agent, or both, in the State	of Florida. I am fa	amiliar with	, and accept	7
CIONATURE									1
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent sign	ature required w	nen reinstating)	DATE			
	FILE NOW!!! FEE IS \$150.00			.					\dashv
Afte			9. Election Campaig Trust Fund Contri		\$5.0	00 May Be	1		
10.	ck Payable to Florida Department of					_			l
TITLE	OFFICERS AND D	 	11.	C C -	ADDITIONS/CHANGES TO			S IN 11	1.
NAME	PIPPIN, MARVIN LINWOOD	⊠ Delete	TITLE NAME		Director		☐ Change	Addition	
STREET ADDRESS	115 WEST COLLEGE DRIVE		STREET ADDRESS	115	7 Burr J. College Drive				
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP	Mare	hall, MN SC	:25%			0
TITLE	CFOD	Delete	TITLE	Seco	etaru Directo		☐ Change	-A Addition	- 6
NAME STREET ADDRESS	MILLER, DONALD 115 W COLLEGE DRIVE		NAME	Davi	d M. Poskach	•	_ •		1
CITY-ST-ZIP	MARSHALL MN 56258		STREET ADDRESS CITY-ST-ZIP	1150	or college Drive	<u>د</u>			
TITLE	VT	Delete	TITLE	n an	shall MM 50	7 <u>28</u>			-
NAME	HERRMAN, DAN	Delete	NAME	W 630	Laux /CEO/ Dire enny Pippin Collage Dri	1 <i>d</i> c	☐ Change	Addition	
STREET ADDRESS	115 W COLLEGE DRIVE		STREET ADDRESS	1186	S. Calland No.	u o			
CITY-ST-ZIP	MARSHALL MN 56258	.	CITY-ST-ZIP	Marc	hall, MN 50	9 <u>2</u> 8			
TITLE NAME	D SCHWAN, ALFRED	Delete	TITLE			ſ	☐ Change	☐ Addition	1
TREET ADDRESS	115 WEST COLLEGE DRIVE	•	NAME OFFICE ARROSSO		*				
CITY-ST-ZIP	MARSHALL MN 56258	*	STREET ADDRESS CITY-ST-ZIP	, ,	· .:				
TITLE	С	E⊋ Delete	TITLE		, , , , , , , , , , , , , , , , , , ,	r		□ Address	
NAME	SCHWAN, ALFRED	i Duloto	NAME			L	Change	☐ Addition	
STREET ADDRESS	115 WEST COLLEGE DRIVE		STREET ADDRESS						
CITY-ST-ZIP	MARSHALL MN 56258	·	CITY-ST-ZIP						
TITLE	S ANDERCOM ADDIAN	🖳 Delete	TITLE				☐ Change	☐ Addition	i

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ANDERSON, ADRIAN J

MARSHALL MN 56258

115 WEST COLLEGE DRIVE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03 507532-3274

Addition