

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 841134**1. Entity Name  
OCTAGON RISK SERVICES, INC.Principal Place of Business  
385 WASHINGTON STREET  
ST PAUL MN 55102 US  
Mailing Address  
385 WASHINGTON STREET  
ST PAUL MN 55102 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**41-1224875**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301 US**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 \_\_\_\_\_ **04/25/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 S ☐ Delete  
NAME WIESE SANDRA U  
STREET ADDRESS 385 WASHINGTON ST  
CITY-ST-ZIP SAINT PAUL MN 55102TITLE DCP ☐ Delete  
NAME LEATHERDALE DOUGLAS W  
STREET ADDRESS 385 WASHINGTON ST  
CITY-ST-ZIP SAINT PAUL MN 55102TITLE D ☐ Delete  
NAME CONROY MIKE  
STREET ADDRESS 385 WASHINGTON ST.  
CITY-ST-ZIP ST PAUL, MINNESOTA 00000TITLE VT ☐ Delete  
NAME BERGMANN THOMAS E  
STREET ADDRESS 385 WASHINGTON ST  
CITY-ST-ZIP SAINT PAUL MN 55102TITLE V ☐ Delete  
NAME BACKBERG BRUCE A.  
STREET ADDRESS 385 WASHINGTON ST.  
CITY-ST-ZIP ST. PAUL MNTITLE D ☐ Delete  
NAME NELSON, JANET  
STREET ADDRESS 385 WASHINGTON ST  
CITY-ST-ZIP ST. PAUL MN**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DV ☒ Change ☐ Addition  
NAME PHILLIPS MAUREEN A  
STREET ADDRESS 385 WASHINGTON ST  
CITY-ST-ZIP SAINT PAUL MN 55102TITLE D ☒ Change ☐ Addition  
NAME FRANCIS CHARLES  
STREET ADDRESS 385 WASHINGTON ST  
CITY-ST-ZIP SAINT PAUL MN 55102TITLE DC ☒ Change ☐ Addition  
NAME CONROY MICHAEL J  
STREET ADDRESS 385 WASHINGTON ST.  
CITY-ST-ZIP ST PAUL MN 55102TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☒ Change ☐ Addition  
NAME BACKBERG BRUCE A  
STREET ADDRESS 385 WASHINGTON ST.  
CITY-ST-ZIP ST. PAUL MN 55102TITLE DP ☒ Change ☐ Addition  
NAME BROWN STEPHEN  
STREET ADDRESS 385 WASHINGTON ST  
CITY-ST-ZIP ST. PAUL MN 55102

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: BRUCE A. BACKBERG**

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04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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**JOHN C. TREACY, VP & CONTROLLER**

**385 WASHINGTON STREET  
ST. PAUL, MN 55102**

**EDWARD M. GERBER, ASSISTANT CORP. SEC.**

**385 WASHINGTON STREET  
ST. PAUL, MN 55102**

**PATRICK NEWLIN, DIRECTOR**

**385 WASHINGTON STREET  
ST. PAUL, MN 55102**