## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 843991 1. Entity Name ANALYSTS INTERNATIONAL CORPORATION Principal Place of Business 7615 METRO BOULEVARD MINNEAPOLIS MN 55439 2. Principal Place of Business 3601 WEST 76th STREET Suite, Apt. #, etc. City & State MINNEAPOLIS MN City & State MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN

## FILED Apr 20, 2000 8:00 am Secretary of State

04-20-2000 90042 032 \*\*\*150.00



3601 WEST 76th STREET Suite, Apt. #, etc.		3. Mailing Address 3601 WEST 76th STREET Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State MINNEAPOLIS MN		City & State MINNEAPOLIS MN		<b>4.</b> F	FEI Number 41-0905408			oplied For ot Applicable	
Zip <b>55435-</b> 3	Country	Zip 55435-3000	Country	5. (	Certificate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
CT CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 S. PINE ISLAND ROAD									
PLAN	ITATION FL 33324							}	
را معممر			City	City <b>FL</b>			Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office of	or registered ag	ent, or both, in the State of Florida.				
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SIGNATURE .	Signature, typed or printed name of registered agent an	d title it annitoshle	Pagistared 4	the consist of the	instatura	DATE			
		d the rapplicable (NOTE:	Registered Agent signa	ature required when re	instating)				
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! F					10. Election Campaign Financia	ng	\$5.0	<b>0</b> мау Ве	
	equirement and elects to do so.	After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of St			Trust Fund Contribution.			to Fees	
					DITIONO (OLIMANOSO TO OFFICED	0.4110	DIDECTOR	215144	
11.	OFFICERS AND D		12.	TREASUS	DITIONS/CHANGES TO OFFICER		Change		
TITLE NAME	MCGRATH, GERALD	<b>X</b> Delete	TITLE NAME		CHARPENTIER		☐ Change	X Addition	
STREET ADDRESS	7615 METRO BOULEVARD		STREET ADDRESS		ST 76th STREET				
CITY-ST-ZIP	MINNEAPOLIS, MN 0		CITY-ST-ZIP		OLIS, MN 55435-300	n			
TITLE	PD	Delete	TITLE	PRESIDE			Change	Addition	
NAME	BENDA, VICTOR C	<del></del>	NAME	1	LAVELLE				
STREET ADDRESS	7615 METRO BOULEVARD	•	STREET ADDRESS		ST 76th STREET				
CITY-ST-ZIP	MINNEAPOLIS, MN 0		CITY-ST-ZIP		OLIS, MN 55435-300	0			
TITLE	D MAHONEY, EDWARD M	☐ Delete	TITLE	_	ويوهرمه فالمستحد والمراج المستحد		<b>X</b> Change	Addition	
NAME STREET ADDRESS	7615 METRO BOULEVARD		NAME STREET ADDRESS	2401 UE	CT 76±1. CTDDDD	- 2			
CITY-ST-ZIP	MINNEAPOLIS, MN 0		CITY-ST-ZIP		ST 76th STREET <u>OLIS, MN 55435-300</u>	Δ.			
TITLÉ	D	□ Delete	TITLE	TITMITIME	OHIO : IM JJ4JJ-300		Change	Addition	
NAME	DRAKE, W.K.	Delete	NAME	,			and arming		
STREET ADDRESS	7615 METRO BLVD		STREET ADDRESS		ST 76th STREET	_			
CITY-ST-ZIP	MINNEAPOLIS MN		CITY-ST-ZIP	MINNEAP	OLIS, MN 55435-300				
TITLE	S THOMAS B	☐ Delete	TITLE				Change	☐ Addition	
NAME	MAHLER, THOMAS R		NAME	2601 130	CT 76.1. CONFIRM				
STREET ADDRESS CITY-ST-ZIP	7615 METRO BOULEVARD MINNEAPOLIS, MN 0		STREET ADDRESS CITY-ST-ZIP		ST 76th STREET OLIS, MN 55435-300	Λ		ĺ	
	CD CD	FT notes	TITLE	TIMBLE	ULLU, EM 13433-300		<b>X</b> ) Change	Addition	
TITLE NAME	LANG, FREDERICK W	☐ Delete	NAME				er Anglige	CT Addition	
STREET ADDRESS	7615 METRO BOULEVARD		STREET ADDRESS	3601 WE	ST 76th STREET				
CITY-ST-ZIP	MINNEAPOLIS, MN 0		CITY-ST-ZIP		OLIS, MN 55435-300	0			
13. I hereby o	certify that the information supplied with to	his filing does not qualify for t	he exemption sta	ated in Section	119.07(3)(i), Florida Statutes. I furth	ner certi	fy that the in	nformation	

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 DIRECTO

≅DAVID J STEICHEN

612-835-5900

Daytime Phone #

Date

CR2E034 (9/90