

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2000 90042 032 ***150.00

DOCUMENT # 843991

1. Entity Name
ANALYSTS INTERNATIONAL CORPORATION

Principal Place of Business 7615 METRO BOULEVARD MINNEAPOLIS MN 55439	Mailing Address 7615 METRO BOULEVARD MINNEAPOLIS MN 55437-1053
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2. Principal Place of Business 3601 WEST 76th STREET Suite, Apt. #, etc.	3. Mailing Address 3601 WEST 76th STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MINNEAPOLIS MN	City & State MINNEAPOLIS MN	4. FEI Number 41-0905408	Applied For <input type="checkbox"/>
Zip 55435-3000	Country	Zip 55435-3000	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGRATH, GERALD 7615 METRO BOULEVARD MINNEAPOLIS, MN 0 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENDA, VICTOR C 7615 METRO BOULEVARD MINNEAPOLIS, MN 0 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, EDWARD M 7615 METRO BOULEVARD MINNEAPOLIS, MN 0 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, W.K. 7615 METRO BLVD MINNEAPOLIS MN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHLER, THOMAS R 7615 METRO BOULEVARD MINNEAPOLIS, MN 0 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LANG, FREDERICK W 7615 METRO BOULEVARD MINNEAPOLIS, MN 0 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTI R CHARPENTIER 3601 WEST 76th STREET MINNEAPOLIS, MN 55435-3000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL LAVELLE 3601 WEST 76th STREET MINNEAPOLIS, MN 55435-3000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3601 WEST 76th STREET MINNEAPOLIS, MN 55435-3000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3601 WEST 76th STREET MINNEAPOLIS, MN 55435-3000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3601 WEST 76th STREET MINNEAPOLIS, MN 55435-3000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3601 WEST 76th STREET MINNEAPOLIS, MN 55435-3000

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: David J Steichen **DAVID J STEICHEN** **612-835-5900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)