

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90068 049 ***150.00

DOCUMENT # 843991

1. Entity Name

ANALYSTS INTERNATIONAL CORPORATION

C0043601



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3601 WEST 76 STREET MINNEAPOLIS MN 55435	Mailing Address 3601 WEST 76 STREET MINNEAPOLIS MN 55435
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country	4. FEI Number 41-0905408	Applied For <input type="checkbox"/> Not Applicable
-----	---------	-----	---------	------------------------------------	--

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, 2001 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
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: CARPENTER, MARTI R STREET ADDRESS: 3601 WEST 76 STREET CITY-ST-ZIP: MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	X Change NAME: CHARPENTIER, MARTI R STREET ADDRESS: 3601 WEST 76 STREET CITY-ST-ZIP:	<input type="checkbox"/> Addition
P NAME: LAVELLE, MICHAEL STREET ADDRESS: 3601 WEST 76 STREET CITY-ST-ZIP: MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D NAME: MAHONEY, EDWARD M STREET ADDRESS: 3601 WEST 76 STREET CITY-ST-ZIP: MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D NAME: DRAKE, W.K. STREET ADDRESS: 33435 CITY-ST-ZIP: MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	X Change NAME: 3601 WEST 76 STREET STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Addition
S NAME: MAHLER, THOMAS R STREET ADDRESS: 3601 WEST 76 STREET CITY-ST-ZIP: MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CD NAME: LANG, FREDERICK W STREET ADDRESS: 3601 WEST 76 STREET CITY-ST-ZIP: MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 01/09/01 952-835-5900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

0666670