

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844726

1. Entity Name  
**SMARTE CARTE, INC.**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90045 014 \*\*\*150.00

Principal Place of Business      Mailing Address  
4455      4455 WHITE BEAR PKWY  
WHITE BEAR LAKE MN 55110      ST PAUL MN 55110-7626  
US      US



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **41-0965374**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$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)

**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.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	CLEARY, MICHAEL	
STREET ADDRESS	6510 ATLANTA DR	
CITY-ST-ZIP	COLLEYVILLE TX	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	MEYER, JAMES N	
STREET ADDRESS	1264 WYACREST CT	
CITY-ST-ZIP	ARDEN HILLS MN 55112	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	GARRET-S ROOSMA	
STREET ADDRESS	12175 UPPER HEATHER AVENUE NORTH	
CITY-ST-ZIP	HUGO MN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAD STANIUS	
STREET ADDRESS	4160 MYRLE AVE	
CITY-ST-ZIP	WHITE BEAR LAKE MN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUFFY, THOMAS	
STREET ADDRESS	7170 DEERWOOD LANE	
CITY-ST-ZIP	MAPLE GROVE MN 55369	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21990 Harrow Ave N.	
CITY-ST-ZIP	Forest Lake MN 55025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas H. Duffy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000  
Date

651-653-3049  
Daytime Phone #

CR2E034 (9/99)