

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90157 012 ***150.00

DOCUMENT # 846726

1. Entity Name
CARLSON MARKETING GROUP, INC.

Principal Place of Business: 12755 STATE HIGHWAY 55, MINNEAPOLIS MN 55441
 Mailing Address: PO BOX 59159, ATTN: TAX DEPT., MINNEAPOLIS MN 55459-8200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1405 Xenium Lane No., Suite, Apt. #, etc.
 City & State: Minneapolis MN

3. Mailing Address: Suite, Apt. #, etc.
 City & State: Minneapolis MN

4. FEI Number: **41-0833079** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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 TV	<input type="checkbox"/> Delete	TITLE DIRACLES, J.M. JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIRACLES, J.M. JR		NAME DIRACLES, J.M. JR	
STREET ADDRESS 12755 STATE HWY 55		STREET ADDRESS 1405 Xenium Lane No.	
CITY-ST-ZIP MINNEAPOLIS MN 55441		CITY-ST-ZIP MINNEAPOLIS MN 55441	
TITLE PCEO	<input type="checkbox"/> Delete	TITLE RYAN, JAMES J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RYAN, JAMES J		NAME RYAN, JAMES J	
STREET ADDRESS 12755 STATE HWY. 55		STREET ADDRESS 1405 Xenium Lane No.	
CITY-ST-ZIP MINNEAPOLIS MN 55441		CITY-ST-ZIP MINNEAPOLIS MN 55441	
TITLE V HAMANN, DARREL M	<input type="checkbox"/> Delete	TITLE HAMANN, DARREL M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMANN, DARREL M		NAME HAMANN, DARREL M	
STREET ADDRESS 12755 STATE HWY 55		STREET ADDRESS 1405 Xenium Lane No	
CITY-ST-ZIP MINNEAPOLIS MN 55441		CITY-ST-ZIP MINNEAPOLIS MN 55441	
TITLE CBD	<input type="checkbox"/> Delete	TITLE NELSON, MARILYN C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, MARILYN C		NAME NELSON, MARILYN C	
STREET ADDRESS 12755 STATE HWY 55		STREET ADDRESS 1405 Xenium Lane No.	
CITY-ST-ZIP MINNEAPOLIS MN 55441		CITY-ST-ZIP MINNEAPOLIS MN 55441	
TITLE S	<input type="checkbox"/> Delete	TITLE SHINOFIELD, RICHARD E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHINOFIELD, RICHARD E		NAME SHINOFIELD, RICHARD E	
STREET ADDRESS 12755 STATE HWY 55		STREET ADDRESS 1405 Xenium Lane No.	
CITY-ST-ZIP MINNEAPOLIS MN 55441		CITY-ST-ZIP MINNEAPOLIS MN 55441	
TITLE EV	<input checked="" type="checkbox"/> Delete	TITLE ERICKSON, WALTER W	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ERICKSON, WALTER W		NAME ERICKSON, WALTER W	
STREET ADDRESS 12755 STATE HWY 55		STREET ADDRESS 1405 Xenium Lane No.	
CITY-ST-ZIP MINNEAPOLIS MN 55441		CITY-ST-ZIP MINNEAPOLIS MN 55441	
		TITLE EV-Finance & Operations & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		NAME Robert A. Ross	
		STREET ADDRESS 1405 Xenium Lane No.	
		CITY-ST-ZIP Minneapolis MN 55441	

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: Darrel M. Hamann Darrel M. Hamann, VP - Tax 424-00 763-212-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)