2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849875

1. Entity Name

UNIVERSAL PENSIONS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90929 029 ***150.00

Principal Place of Business	Mailing Address
431 GOLF COURSE DR NO P.O. BOX 979 BRAINERD MN 56401	431 GOLF COURSE DR NO P.O. BOX 979 BRAINERD MN 56401-0979

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 41-1246679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEBECK, ALAN 501 7TH ST ROCKFORD IL 61110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alfred N. Flaten 8957 Glen Eden Lane Brooklyn Park, MN 55443	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EICKHOFF, J. R. 8100 34TH AVE S MINNEAPOLIS MN 55425	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John H. Flittie 13970 Oakland Place Minnetonka, MN 55305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD JOHNSON, ARNOLD S. (S) 6160 BIRCHWOOD HILLS ROAD LAKESHORE MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Glenn W. Hasse Jr. 1407 Armstrong Rd Northfield, MN 55057	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV O'ROURKE, PAMELA S 15 KINGWOOD ST BRAINERD MN 56401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAUER, DAVID M. 569 GULL RIVER ROAD BRAINERD MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDERSON, THOMAS G 1970 CAMWOOD TRAIL S. BAXTER MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 G. Anderson PRESIDENT 4/20/00 218 829-4781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #