## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **850553** 1. Entity Name AGRO-K CORPORATION 01-18-2000 90040 024 \*\*\*150.00 Principal Place of Business Mailing Address 8030 MAIN ST NE 8030 MAIN ST NE MINNEAPOLIS MN 55432-1844 MINNEAPOLIS MN 55432-1844 C0004027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 41-1276936 Not Application Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. □ ..... Change ☐ Delete TITLE TITLE RAJAMANNAN, A.H.J.,(DR.) NAME NAME 2120 ARGONNE DR.N.E. STREET ADDRESS STREET ADDRESS MINNEAPOLIS MN CITY-ST-ZIP CITY-ST-ZIP □ \* · · · · ☐ Change Delete TITI F SHAFER LAVERNE NAME STREET ADDRESS P.O. BOX 218.H#3 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEGHORN IA ∽⊡ Change — 🗔 🗥 Delete TITLE TITLE RAJAMANNAN,C. NAME NAME 2120 ARGONNE DR.N.E. STREET ADDRESS STREET ADDRESS MINNEAPPOLIS MN CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE LUNDQUIST, P. NAME NAME 3451 STRATFORD RD., N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga ☐ Change TITI F ☐ Delete TITLE SHAFER, LARRY NAME NAME 9909-36TH PLACE NORTH STREET ADDRESS STREET ADDRESS MINNEAPOLIS MN CITY-ST-ZIP CITY-ST-ZIP T \* \* \* \* \* ☐ Change ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

A. HOUCRAUAMANNAN; PRODOCU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF 1-4-2000

(612) 780-4116

Date Daytime Phone #