

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855705

1. Entity Name
SUPERIOR PRODUCTS MANUFACTURING COMPANY

Principal Place of Business

63 ST. ANTHONY PKWY
MINNEAPOLIS MN 55418
US

Mailing Address

P.O. BOX 1320
MINNEAPOLIS MN 5440
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME RASLEY, MARY J
STREET ADDRESS 63 ST ANTHONY PKWY
CITY-ST-ZIP MINNEAPOLIS MN

TITLE DIRECTOR ☐ Change ☒ Addition
NAME WARREN T. A. CHRISTIANSON
STREET ADDRESS 63 ST ANTHONY PKWY
CITY-ST-ZIP MINNEAPOLIS, MN 55418

TITLE AS ☐ Delete
NAME RONNINGER, GERALDINE A
STREET ADDRESS 63 ST ANTHONY PKWY
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☐ Delete
NAME CHRISTIANSON, WARREN G
STREET ADDRESS 63 ST. ANTHONY PKWY
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHRISTIANSON, LYNN A
STREET ADDRESS 63 ST. ANTHONY PKWY
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HANSEN, RICHARD R.
STREET ADDRESS 276 NORMAN RIDGE DR
CITY-ST-ZIP BLOOMINGTON MN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME PEYTON, PATRICK J
STREET ADDRESS 63 ST. ANTHONY PKWY
CITY-ST-ZIP MINNEAPOLIS MN

TITLE VICE PRESIDENT / DIRECTOR ☒ Change ☐ 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:

Patrick J. Peyton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. PEYTON

7/20/00

Date

612-781-5460

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 93-0803249 ☐ Applied For
☐ Not Applicable

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

CR2E034 (5/00)