

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F000000000003

1. Entity Name

CORVU NORTH AMERICA, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90146 021 \*\*\*150.00

Principal Place of Business

3400 WEST 66TH STREET, SUITE 445  
EDINA MN 55435

Mailing Address

3400 WEST 66TH STREET, SUITE 445  
EDINA MN 55435

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

41-1819469

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

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
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          | <input type="checkbox"/> Delete |
|-------|---------------------|----------------------------------|----------------------|---------------------------------|
| PCEO  | MACINTOSH, JUSTIN M | 3400 WEST 66TH STREET, SUITE 445 | EDINA MN 55435       | <input type="checkbox"/>        |
| S     | CARLSON, DAVID      | 3400 WEST 66TH STREET, SUITE 445 | EDINA MN 55435       | <input type="checkbox"/>        |
| AS    | STOUT, JOHN H       | 900 SECOND AVENUE SOUTH          | MINNEAPOLIS MN 55402 | <input type="checkbox"/>        |
| D     | MACINTOSH, JUSTIN M | 3400 WEST 66TH STREET, SUITE 445 | EDINA MN 55435       | <input type="checkbox"/>        |
|       |                     |                                  |                      | <input type="checkbox"/>        |
|       |                     |                                  |                      | <input type="checkbox"/>        |
|       |                     |                                  |                      | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:

*David C. Carlson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

612 843 7702

Daytime Phone #

CR2E034 (9/99)