## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 29, 2001 8:00 am Secretary of State DOCUMENT # F0000000037 05-29-2001 90009 046 \*\*\*185.00 MET-TEK, INC. Principal Place of Business Mailing Address 454 COOLIDGE ST NE 5262 LONGLEAF ST. 660776 JACKSONVILLE FL 32209 MINNEAPOLIS MN 55413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 41-1675343 Not App icable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mc Lean Randy LANDRETH, W. E Street Address (P.O. Box Number is Not Acceptable) 5262 LONGLEAF ST. JACKSONVILLE FL 32209 5+. Longleaf Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. (NOTi Registered Agent signature required when reinstating) gent and title if applicable. FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PDST** ☐ Delete TITLE NAME NAME LARSON, KEITH STREET ADDRESS STREET ADDRESS 110 W. PLEASANT LAKE RD. CITY-ST-ZIP CITY-ST-ZIP NORTH OAKS MN 55127 Change Addition TITLE ☐ Delete D۷ NAME SHEAR, JAMES STREET ADDRESS STREET ADDRESS 12500 CREEK ROAD WEST CITY-ST-ZIP CITY-ST-ZIP MINNETONKA MN 55305 Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chang ☐ Delete TITLE NAME 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 to the exemption stated indicated on this report or supplemental report is true and accurate and that it is signature shall to the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 19.07(3)(i), Florida Statutes. I further certify that legal effect as if made under oath; that I am an cida Statutes; and that my name appears in Bloc changed, or on an attachment with an address

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of MINDS OF A submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.  1. The name of the corporation: MET-TEK, TNC
2. The mailing address of the corporation: 454 COOLINGS 57 NE  MINNEAPOLIS, MN 55413
3. Date of incorporation/qualification: Document number:
4. The name and address of the current registered agent and office:
LANDRAHI. W. E.
5262 LONG LEAS ST,
JACKSONUILLE, FL 32209
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
McLean, Rundy E.
5262 LONGLEAS ST.
Jacksonville, FL 32209
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.  (Signature of an officer, chairman or vice chairman of the board)  (Date)
$\cdot$
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FII INC FFF. \$25.00 * * * .

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