

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000000207**1. Entity Name
ALLEN INTERACTIONS INC.

Principal Place of Business	Mailing Address
14028 ELLESMERE DRIVE	8000 WEST 78TH STREET, SUITE 450
TAMPA FL 33624	MINNEAPOLIS MN 55439

2. Principal Place of Business	3. Mailing Address
8875 HIDDEN RIVER PARKWAY	8000 WEST 78TH STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 100	SUITE 450

City & State	City & State
TAMPA FL	MINNEAPOLIS MN

Zip	Country	Zip	Country
33637		55439	

4. FEI Number	Applied For
41-1756542	<input type="checkbox"/> Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**DOMINIQUE NIKKI**
14028 ELLESMERE DRIVE

TAMPA FL 33624 US**7. Name and Address of New Registered Agent**Name
CRAIG KEITH
Street Address (P.O. Box Number is Not Acceptable)
8875 HIDDEN RIVER PARKWAY

SUITE 100
City
TAMPA FL Zip Code
33637

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 **KEITH CRAIG****04/25/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	D KOENECKE TED
STREET ADDRESS	11000 VIKING DRIVE
CITY-ST-ZIP	EDEN PRAIRIE MN 55344
TITLE	<input type="checkbox"/> Delete
NAME	SD PALMA MARK
STREET ADDRESS	222 SO. 9TH ST, 3100 PIPER JAFFREY TOWER
CITY-ST-ZIP	MINNEAPOLIS MN 55402
TITLE	<input type="checkbox"/> Delete
NAME	PTD LIPSHUTZ MARTIN K
STREET ADDRESS	8000 WEST 78TH STREET, SUITE 450
CITY-ST-ZIP	MINNEAPOLIS MN 55439
TITLE	<input type="checkbox"/> Delete
NAME	CEO ALLEN MICHAEL W
STREET ADDRESS	8000 WEST 78TH STREET, SUITE 450
CITY-ST-ZIP	MINNEAPOLIS MN 55439
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULZETENBERG JOHN
STREET ADDRESS	1200 EAST BIRCH
CITY-ST-ZIP	BRANDON SD 57005
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEOD ALLEN MICHAEL W
STREET ADDRESS	8000 WEST 78TH STREET, SUITE 450
CITY-ST-ZIP	MINNEAPOLIS MN 55439
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARTIN K. LIPSHUTZ**PRES 04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)