

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90016 026 ***150.00

0586537

DOCUMENT # F00000000871

1. Entity Name

MEYER, SCHERER & ROCKCASTLE, LTD. CORP.

Principal Place of Business

Mailing Address

**119 NORTH SECOND STREET
 MINNEAPOLIS MN 55401-1420**

**119 NORTH SECOND STREET
 MINNEAPOLIS MN 55401-1420**

AAU2504J

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1408672**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 EAST 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, 2001 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 **PD** ☐ Delete
 NAME **SCHERER, JEFFREY**
 STREET ADDRESS **119 NORTH SECOND STREET**
 CITY-ST-ZIP **MINNEAPOLIS MN 55401-1420**

TITLE **President/Director** ☒ Change ☐ Addition
 NAME **Thomas Meyer**
 STREET ADDRESS **no change**
 CITY-ST-ZIP **no change**

TITLE **DVS** ☐ Delete
 NAME **MEYER, THOMAS**
 STREET ADDRESS **119 NORTH SECOND STREET**
 CITY-ST-ZIP **MINNEAPOLIS MN 55401-1420**

TITLE **Vice President/Director** ☒ Change ☐ Addition
 NAME **Jeffrey Scherer**
 STREET ADDRESS **no change**
 CITY-ST-ZIP **no change**

TITLE **DVT** ☐ Delete
 NAME **ROCKCASTLE, GARTH**
 STREET ADDRESS **119 NORTH SECOND STREET**
 CITY-ST-ZIP **MINNEAPOLIS MN 55401-1420**

TITLE **Vice President/Director** ☒ Change ☐ Addition
 NAME **Garth Rockcastle**
 STREET ADDRESS **no change**
 CITY-ST-ZIP **no change**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **~~Director~~** ☐ Change ☒ Addition
 NAME **~~William Meeker~~**
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **Treasurer/Director** ☐ Change ☒ Addition
 NAME **D. Jack Poling**
 STREET ADDRESS **119 North Second Street**
 CITY-ST-ZIP **Minneapolis, MN 55401-1420**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **Secretary/Director** ☐ Change ☒ Addition
 NAME **William Meeker**
 STREET ADDRESS **119 North Second Street**
 CITY-ST-ZIP **Minneapolis, MN 55401-1420**

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:

William Meeker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Meeker

1/31/2001 612-359-3240
 Date Daytime Phone #

CR2E034 (10/00)