

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90027 005 ***150.00

DOCUMENT # F00000001058

1. Entity Name

MILLER & SCHROEDER INVESTMENTS CORPORATION

Principal Place of Business

150 SOUTH FIFTH STREET, SUITE 3000
MINNEAPOLIS MN 55402

Mailing Address

150 SOUTH FIFTH STREET, SUITE 3000
MINNEAPOLIS MN 55402

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 **41-1346232**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENTGES, EDWARD J	
STREET ADDRESS	150 SOUTH FIFTH STREET, SUITE 3000	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	NELSON, TOM S	
STREET ADDRESS	150 SOUTH FIFTH STREET, SUITE 3000	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	NELSON, GARY M	
STREET ADDRESS	150 SOUTH FIFTH STREET, SUITE 3000	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	V	<input type="checkbox"/> Delete
NAME	LARSEN, KENNETH R	
STREET ADDRESS	150 SOUTH FIFTH STREET, SUITE 3000	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	TABOLICH, JEROME A	
STREET ADDRESS	150 SOUTH FIFTH STREET, SUITE 3000	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREISEN, JOHN L	
STREET ADDRESS	150 SOUTH FIFTH STREET, SUITE 3000	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James F Diugosch	
STREET ADDRESS	150 S Fifth Str, Ste 3000	
CITY-ST-ZIP	Minneapolis MN 55402	
TITLE	SVP/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven W. Erickson	
STREET ADDRESS	150 S Fifth Str, Ste 3000	
CITY-ST-ZIP	Minneapolis MN 55402	
TITLE	SVP/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory A Bolin	
STREET ADDRESS	150 S Fifth Str, Ste 3000	
CITY-ST-ZIP	Minneapolis MN 55402	
TITLE	S/T/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth R Larsen	
STREET ADDRESS	150 S Fifth Str, Ste 3000	
CITY-ST-ZIP	Minneapolis MN 55402	
TITLE	P/CEO/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerome A Tabolich	
STREET ADDRESS	150 S Fifth Str, Ste 3000	
CITY-ST-ZIP	Minneapolis MN 55402	
TITLE	SVP/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John L Griesen	
STREET ADDRESS	150 S Fifth Str, Ste 3000	
CITY-ST-ZIP	Minneapolis MN 55402	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

612-376-1310

Daytime Phone #

CR2E034 (10/00)