

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90022 047 ***150.00

DOCUMENT # F00000002299

1. Entity Name

NORTHWEST TITLE AND ESCROW CORP.

Principal Place of Business

**3535 VADNAIS CENTER DRIVE, SUITE 130
 ST. PAUL MN 55110**

Mailing Address

**3535 VADNAIS CENTER DRIVE, SUITE 130
 ST. PAUL MN 55110**

550303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4255 WHITE BEAR PARKWAY
 Suite, Apt. #, etc.
 SUITE 1300-A**

3. Mailing Address

**4255 WHITE BEAR PARKWAY
 Suite, Apt. #, etc.
 SUITE 1300-A**

City & State
ST. PAUL, MN

City & State
ST. PAUL, MN

4. FEI Number **41-1455660**

Applied For
 Not Applicable

Zip
55110-3383

Country
U.S.A.

Zip
55110-3383

Country
U.S.A.

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	C HOLSTAD, WAYNE B 3535 VADNAIS CENTER DRIVE, SUITE 130 ST. PAUL MN 55110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JACOBSON, DALE E 3535 VADNAIS CENTER DRIVE, SUITE 130 ST. PAUL MN 55110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIEBENOW, FRANK T 3535 VADNAIS CENTER DRIVE, SUITE 130 ST. PAUL MN 55110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOLSTAD, WAYNE B HOLSTAD & KNAAK, P.L.C. 1690 MINNESOTA WORLD TRADE CENTER 30 EAST 7TH STREET, ST. PAUL, MN 55101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHLOFT, WAYNE NORTHWEST TITLE & ESCROW, CORP. 4255 WHITE BEAR PARKWAY, STE 1300-A ST. PAUL, MN 55110-3383	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, STEVE NORTH 1040 NORTH 2ND STREET ROAD WATERTOWN, WI 53098	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIEBENOW, FRANK NORTHWEST TITLE & ESCROW CORP. 4255 WHITE BEAR PARKWAY, SUITE 1300-A ST. PAUL, MN 55110-3383	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V(CFO) JACOBSEN, DALE NORTHWEST TITLE & ESCROW CORP. 4255 WHITE BEAR PARKWAY, SUITE 1300-A ST. PAUL, MN 55110-3383	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S&T JENSEN, SHELDON NORTHWEST TITLE & ESCROW, CORP. 4255 WHITE BEAR PARKWAY, SUITE 1300-A ST. PAUL, MN 55110-3383	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

2/19/01
 Date

(651) 490-9056
 Daytime Phone #

CR2E034 (10/00)