

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90098 008 ***150.00

DOCUMENT # F00000002299

1. Entity Name
NORTHWEST TITLE AND ESCROW CORP.



Principal Place of Business
4255 WHITE BEAR PKWY
STE 1300-A
SAINT PAUL MN 55110-3383

Mailing Address
4255 WHITE BEAR PKWY
STE 1300-A
SAINT PAUL MN 55110-3383

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1455660**

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **HOLSTAD, WAYNE B**
STREET ADDRESS **1690 MN WORLD TRADE CTR, 30 E. 7TH ST.**
CITY-ST-ZIP **SAINT PAUL MN 55101**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Anita Reinetz**
STREET ADDRESS **4255 White Bear Pkwy**
CITY-ST-ZIP **St. Paul, MN 55110**

TITLE **D** ☐ Delete
NAME **JACOBSEN, STEVE**
STREET ADDRESS **NORTH 1040 NORTH 2ND STREET RD**
CITY-ST-ZIP **WATERTOWN WI 53098**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **GRIEBENOW, FRANK**
STREET ADDRESS **4255 WHITE BEAR PKWY, STE 1300-A**
CITY-ST-ZIP **SAINT PAUL MN 55110-3383**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCFO** ☐ Delete
NAME **JACOBSEN, DALE**
STREET ADDRESS **4255 WHITE BEAR PKWY, STE 1300-A**
CITY-ST-ZIP **SAINT PAUL MN 55110-3383**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **JENSEN, SHELDON**
STREET ADDRESS **4255 WHITE BEAR PKWY, STE 1300-A**
CITY-ST-ZIP **SAINT PAUL MN 55110-3383**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

2/3/03

Date

651-490-9056

Daytime Phone #

CR2E034 (10/02)