

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am
Secretary of State**

02-13-2001 90590 045 ***150.00

DOCUMENT # F00000002318

1. Entity Name

LENONE, INC.

Principal Place of Business

**7204 GLEN FOREST DRIVE, STE. 201
RICHMOND VA 23226**

Mailing Address

**7204 GLEN FOREST DRIVE, STE. 201
RICHMOND VA 23226****00016306**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8400 Normandale Lake Blvd.

3. Mailing Address

One Meridian Crossings

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 100

City & State

Minneapolis, MN

City & State

Minneapolis, MN

4. FEI Number

54-1927425

Applied For

Not Applicable

Zip
55437

Country

USAZip
55423

Country

USA5. 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	P <input type="checkbox"/> Delete
NAME	SCHULTZ, GREGORY B
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	VD <input type="checkbox"/> Delete
NAME	OLSON, DAVEE
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	DUNLEAVY, BARRY
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	S <input type="checkbox"/> Delete
NAME	SEATS, MICHAEL J
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	PIERCE, DONALD V
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	FLAVIN, DAVID
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP	MINNEAPOLIS MN 55437

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce J. Paradis
STREET ADDRESS	8400 Normandale Lake Blvd.
CITY-ST-ZIP	Minneapolis, MN 55437
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David C. Walker
STREET ADDRESS	200 Renaissance Center
CITY-ST-ZIP	Detroit, MI 48265
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas B. Hultberg
STREET ADDRESS	8400 Normandale Lake Blvd.
CITY-ST-ZIP	Minneapolis, MN 55437

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Michael J. Seats, Secretary 1/31/01 (952) 932-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)