


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

30089144

DOCUMENT # F00000002318					
1. Entity Name LENONE, INC.					
Principal Place of Business 8400 NORMANDALE LAKE BLVD SUITE 600 MINNEAPOLIS, MN 55437			Mailing Address ONE MERIDIAN CROSSINGS SUITE 100 MINNEAPOLIS, MN 55423		
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 54-1927425	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTZ, GREGORY B		NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55437		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLSON, DAVEE L		NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNLEAVY, BARRY		NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55437		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEATS, MICHAEL J		NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLAVIN, DAVID		NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55437		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HULTBERG, DOUGLAS		NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55437		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: _____ Gregory B. Schultz, President 04/ / /2003 (952) 832-7000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E034 (10/02)