

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90215 004 ***150.00

057228 AT

DOCUMENT # F00000002622

1. Entity Name

ACCOUNT4, INC.

Principal Place of Business

Mailing Address

75 WELLS AVENUE
NEWTON MA 0245975 WELLS AVENUE
NEWTON MA 02459

2. Principal Place of Business

380 St. Peter Street

3. Mailing Address

380 St. Peter Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Paul, MN

City & State

St. Paul, MN

Zip

55102

Country

USA

Zip

55102

Country

USA

4. FEI Number

04-3002234

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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, 2002 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 NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 PD LUCAS, JOHN J
 75 WELLS AV
 NEWTON MA 02459

 TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 STD GRANGE, STEPHEN M
 75 WELLS AVENUE
 NEWTON MA 02459

 TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 D WILLIAM, HOWARD W
 600 WILLOW RD UNIT 16
 MENLO PARK CA 94025

 TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 D MCGRATH, JOHN
 42 DINNICK CRESCENT
 TORONTO ONTARIO CD M4-N1L6

 TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 D MARRAM, EDWARD P DR
 7 WELLS AV
 NEWTON MA 02459

 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 President, CEO, Director
 Jay Coughlan
 380 St. Peter Street
 St. Paul, MN 55102

 TITLE NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 Vice President, CFO, Director
 Robert Barbieri
 380 St. Peter Street
 St. Paul, MN 55102

 TITLE NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 Vice President, Secretary, Director
 Bruce McPheeters
 380 St. Peter Street
 St. Paul, MN 55102

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

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

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

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:

 Bruce McPheeters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 2/22/02
 Date

 651-767-7000
 Daytime Phone #

CR2E034 (9/01)