2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000003080

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

4170 TUCKER DRIVE

1101 OLD FORT DR.

RICHARDS, STEVE

LEBON, DAVID

TALLAHASSEE, FL 32301

TALLAHASSEE, FL 32301

TALLAHASSEE, FL 32308

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2851 REMINGTON GREEN CIR.

Entity Name: NEW LEAF MARKET, INC.

Apr 19, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 675 23RD AVENUE, N.W. SAUK RAPIDS, MN 56379 **Current Mailing Address: New Mailing Address:** 675 23RD AVENUE, N.W. SAUK RAPIDS, MN 56379 FEI Number: 59-1561741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTRIDGE, LARRANE 1235 APLACHEE PARKWAY TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HEIN, GRETCHEN M HEIN, GRETCHEN M PRES Name: Name: 2032 WEDGEWOOD DRIVE Address: 2032 WEDGEWOOD DRIVE Address: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: () Delete Title: (X) Change () Addition HEID, FOX Name: HEID, FOX VP Name: Address: 1300 W. INDIANHEAD DR. Address: 1300 W. INDIANHEAD DR. City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: (X) Change () Addition DELHOMME, KEITH PARKER-HANSON, DELLA Name: Name: 1614 SOUTH MERIDIAN Address: Address: 14 EGRET STREE City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: CRAWFORDVILLE, FL 32327 Title: CD () Delete Title: () Change () Addition HUNGERFORD, CHUCK

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: GRETCHEN M. HEIN **PRES** 04/19/2002

(X) Change () Addition

(X) Change () Addition

LEBOW, DAVID

1101 OLD FORT DR.

TALLAHASSEE, FL 32301

RICHARDS, STEVE R TREAS

2851 REMINGTON GREEN CIR. TALLAHASSEE, FL 32308