

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90112 001 ***450.00

DOCUMENT # F00000005024

1. Entity Name
BINGO PRESS & SPECIALTY LIMITED, INC.

Principal Place of Business
8200 NORMANDALE BLVD., STE 400
BLOOMINGTON MN 55437

Mailing Address
8200 NORMANDALE BLVD., STE 400
BLOOMINGTON MN 55437

2. Principal Place of Business
301 Louth Street

Suite, Apt. #, etc.
Legal Department

City & State
St. Catharines, Ontario

Zip Country
L2S 3V6 Canada

3. Mailing Address
301 Louth Street

Suite, Apt. #, etc.
Legal Department

City & State
St. Catharines, Ontario

Zip Country
L2S 3V6 Canada



DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0341997

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 **DP** ☐ Delete
 NAME **LISTER, ROY L**
 STREET ADDRESS **8200 NORMANDALE BLVD, STE 400**
 CITY-ST-ZIP **MINNEAPOLIS MN 55437**

TITLE **DVS** ☐ Delete
 NAME **RYE, DOUGLAS W**
 STREET ADDRESS **301 LOUTH STREET**
 CITY-ST-ZIP **ST CATHERINES, ONTARIO**

TITLE **V** ☐ Delete
 NAME **PREGITZER, LESLIE F**
 STREET ADDRESS **301 LOUTH STREET**
 CITY-ST-ZIP **ST CATHERINES, ONTARIO**

TITLE **V** ☐ Delete
 NAME **MCNEILL, ROBERT P**
 STREET ADDRESS **301 LOUTH STREET**
 CITY-ST-ZIP **ST CATHERINES, ONTARIO**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **LISTER, ROY L.**
 STREET ADDRESS **301 Louth Street**
 CITY-ST-ZIP **St. Catharines, Ontario L2S 3V6**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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: [Signature] NATURAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 2002

(905) 685-6386

Date

Daytime Phone #

CR2E034 (9/01)