## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # F0000006147 1. Entity Name ZONETRADER, INC. 02-06-2001 90049 010 \*\*\*150.00 Principal Place of Business Mailing Address 6110 GOLDEN HILLS DRIVE 6110 GOLDEN HILLS DRIVE MINNEAPOLIS MN 55416 MINNEAPOLIS MN 55416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 41-1784494 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 11. 12. TITLE CEO ☐ Delete TITLE ☐ Change Addition Lou Haboush NAME NAME GIGERICH, DAVID L 6110 Golden Hills Drive STREET ADDRESS STREET ADDRESS 6110 GOLDEN HILLS DRIVE CITY-ST-ZIP CITY-ST-ZIP Minneapolis, MN 55416 MINNEAPOLIS MN 55416 COO/SVP TITLE PC00 TITI F **☑** Change ☐ Addition Ellen Perl NAME BRUCH, RUTH NAME Gilo Golden Hills Drive STREET ADDRESS STREET ADDRESS 1933 N. MEACHAM ROAD Minneapolis, MN - 55416-Controller CiTY-ST-7IP CITY-ST-7/P SCHAUMBURG IL 60173 ☑ Delete TITLE CF0 TITLE Addition ☐ Change John william Stewart NAME SMITH, RICK NAME 6110 Golden Hills Drive STREET ADDRESS STREET ADDRESS 6110 GOLDEN HILLS DRIVE CITY-ST-7IP CITY-ST-ZIP MINNEAPOLIS MN 55416 <u>Minneapolis, MN 55414</u> Delete ☐ Addition TITLE TITLE Change NAME GIGERICH, JOHN A NAME STREET ADDRESS STREET ADDRESS 1933 N. MEACHAM ROAD CITY-ST-ZIP CITY-ST-ZIP SCHAUMBURG IL 60173 TITLE VS ☐ Delete TITLE Change ☐ Addition NAME PETERS, COREY NAME STREET ADDRESS STREET ADDRESS 6110 GOLDEN HILLS DRIVE CITY-ST-7IP CITY-ST-ZIP MINNEAPOLIS MN 55416 TITLE ☐ Delete TITLE Change ☐ Addition NAME **NIEHAUS, TOM** NAME STREET ADDRESS STREET ADDRESS 6110 GOLDEN HILLS DRIVE

13. I hereby certify that the information supplied with this filling 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 of trustee empowered tolexiccute 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.

CITY-ST-ZIP

SIGNATURE:

MINNEAPOLIS MN 55416

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR