

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000007008**1. Entity Name
UNITED RESOURCE NETWORKS, INC.

Principal Place of Business 9900 BREN ROAD EAST MINNETONKA MN 55343	Mailing Address 9900 BREN ROAD EAST MINNETONKA MN 55343
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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

41-1940493

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US

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 _____ DATE **04/16/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLBY RONALD B	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-ST-ZIP	MINNETONKA MN 55343	

TITLE	AT	<input type="checkbox"/> Delete
NAME	WEISS ALLAN J	
STREET ADDRESS	5901 LINCOLN DRIVE	
CITY-ST-ZIP	EDINA MN 55436	

TITLE	T	<input type="checkbox"/> Delete
NAME	VERSEN ROBERT J	
STREET ADDRESS	6300 OLSON MEMORIAL HIGHWAY	
CITY-ST-ZIP	GOLDEN VALLEY MN 55427	

TITLE	S	<input type="checkbox"/> Delete
NAME	RYAN TIMOTHY F	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-ST-ZIP	MINNETONKA MN 55343	

TITLE	V	<input type="checkbox"/> Delete
NAME	FLOTTEMESCH DIANE L	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-ST-ZIP	MINNETONKA MN 55343	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLEAN DAVID J	
STREET ADDRESS	6300 OLSON MEMORIAL HIGHWAY	
CITY-ST-ZIP	GOLDEN VALLEY MN 55427	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS ALLAN J	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-ST-ZIP	MINNETONKA MN 55343	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Timothy F. Ryan

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04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)