FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90072 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000007008**

1. Entity Name
UNITED RESOURCE NETWORKS, INC.

10091015

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9900 Bren Road East Suite, Apt. #, etc. MN008-T410
City & State	City & State Minnetonka, MN
Zip / Country	Zip 55343 / Country Hennepin

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1940493** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1st 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCLEAN, DAVID J 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard J. Migliori, M.D. 6300 Olson Memorial Highway Golden Valley, MN 55427	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KELLY, JOHN W 9900 BREN ROAD EAST MINNETONKA, MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David S. Wichmann 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RYAN, TIMOTHY F 9900 BREN ROAD EAST MINNETONKA, MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robert T. Webb 6300 O'son Memorial Highway Golden Valley, MN 55427	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VERSEN, ROBERT J 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT WEISS, ALLAN J 9900 BREN ROAD EAST MINNETONKA, MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLBY, RONALD B 9900 BREN ROAD EAST MINNETONKA, MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Timothy F. Ryan 4/25/2003 952-936-1839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #