

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90113 012 ***150.00

DOCUMENT # F01000002491

1. Entity Name
FACILITEC INC., A BUSINESS OF ECOLAB INC.



Principal Place of Business
**PO BOX 6004
GRAND FORKS ND 58206-6004**

Mailing Address
**PO BOX 6004
GRAND FORKS ND 58206-6004**

2. Principal Place of Business
3535 S. 31st St.
Suite, Apt. #, etc.

3. Mailing Address
3535 S. 31st St.
Suite, Apt. #, etc.

City & State
Grand Forks, ND
Zip **58201** Country **USA**

City & State
Grand Forks, ND
Zip **58201** Country **USA**

4. FEI Number **94-3371938**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 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 **VD BAKER, DOUGLAS M JR.** ☐ Delete
STREET ADDRESS **370 N. WABASHA STREET**
CITY-ST-ZIP **ST. PAUL MN 55102**

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

TITLE
NAME **VSD IVERSON, KENNETH A** ☒ Delete
STREET ADDRESS **370 N. WABASHA STREET**
CITY-ST-ZIP **ST. PAUL MN 55102**

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

TITLE
NAME **V FORSYTHE, JOHN G** ☐ Delete
STREET ADDRESS **370 N. WABASHA STREET**
CITY-ST-ZIP **ST. PAUL MN 55102**

TITLE
NAME **Vice President - Tax** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VT SCHMECHER, DANIEL J** ☐ Delete
STREET ADDRESS **370 N. WABASHA STREET**
CITY-ST-ZIP **ST. PAUL MN 55102**

TITLE
NAME **Vice President - Treasurer** ☒ Change ☐ Addition
STREET ADDRESS **mark Vangsgard**
CITY-ST-ZIP **370 N. Wabasha St.**
St. Paul, MN 55102

TITLE
NAME **AT CORKREAN, JOHN J** ☐ Delete
STREET ADDRESS **370 N. WABASHA STREET**
CITY-ST-ZIP **ST. PAUL MN 55102**

TITLE
NAME **Assistant Treasurer** ☒ Change ☐ Addition
STREET ADDRESS **Hseng - Hung Hsu**
CITY-ST-ZIP **370 N. Wabasha St.**
St. Paul, MN 55102

TITLE
NAME **D DORDELL, TIMOTHY P** ☐ Delete
STREET ADDRESS **370 N. WABASHA STREET**
CITY-ST-ZIP **ST. PAUL MN 55102**

TITLE
NAME **Director + Secretary** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: **X**

SIGNATURE REQUIRED

V.P. - Tax

2/19/03

Date

Daytime Phone #

CR2E034 (10/02)