

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90353 049 ***150.00

DOCUMENT # F01000004493

1. Entity Name
SENIOR HOUSING, INC.

Principal Place of Business

**2021 E HENNEPIN AVE
 SUITE 372
 MINNEAPOLIS MN 55413**

Mailing Address

**2021 E HENNEPIN AVE
 SUITE 372
 MINNEAPOLIS MN 55413**

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

41-1328794

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

**PEATEN, LORRAINE P
 154 OLIVE TREE CIR
 ALTAMONTE SPRINGS FL 32714**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MELCHIOR, TOM**
 CITY-ST-ZIP **220 S SIXTH ST SUITE 1000
 MINNEAPOLIS MN 55402-4505**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Willard Jones**
 CITY-ST-ZIP **3633 Chicago Ave.
 Minneapolis MN 55409**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **NACHMAN, MIMI**
 CITY-ST-ZIP **3004 CAVE CT
 BURNSVILLE MN 55337**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Marci Holley - Bartlett**
 CITY-ST-ZIP **1001 Washington Ave. N.
 Minneapolis MN 55401**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **LARSON, DAVE**
 CITY-ST-ZIP **1600 UNIVERSITY AVE SUITE 16
 ST PAUL MN 55104**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Jeanne Crowe**
 CITY-ST-ZIP **1600 University Ave. N.
 ST Paul MN 55104**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **FERGUSON, SUE**
 CITY-ST-ZIP **3737 BRYANT AVE S
 MINNEAPOLIS MN 55409**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-02 612-336-4705
 Date Daytime Phone #

CR2E034 (9/01)