2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100005685 1. Entity Name ERICKSEN, ROED AND ASSOCIATES, INC.						Secretary of State 03-06-2002 90124 027 ***150.00			
Principal Place of Business Mailing Address					\dashv				
2550 UNIVERSITY AVENUE W. SUITE 2018 ST. PAUL MN 55114-1904		2550 UNIVERSITY AVENUE W. SUITE 201S ST. PAUL MN 55114-1904							
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
						DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State			4. F	El Number 41-1511226		Applied For Not Applicable	
Zip Country		Zip Country		ry	5. C	ertificate of Status Desired	\$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent		Name	7. N	ame and Address of New Registe	ered Agent		
REGISTERED AGENTS LEGAL SERVICES, INC.				Street Address (P.O. Box Number is Not Acceptable)					
1333 NORTH DUVAL STREET			-	Olicot Flooresc	7 (1 .O. D.	ox rumber is not neceptable;			
TALLAHA	SSEE FL 32302		-	City			E ∄ Zip C	Code	
8 The above	named entity submits this statement for	er the nurnose of changing its	registere		ered age	ant or both in the State of Florida	FL Zip C		
6. The above	married entity satisfies this statement to	in the perpose of changing its	registere	a onice or regist	erea age	selt, or both, in the state of Horida.		į	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT:	E: Registered	Agent signature requir	ed when rei	nstating) E	PATE		
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1, 20 Make Check Payal	02 Fee v	vIII be \$550.00		Election Campaign Financin Trust Fund Contribution.		5.00 May Be ded to Fees	
11.	OFFICERS AND		12.			DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P ERICKSEN, ALFRED G P.E. 2550 UNIVERSITY AVENUE W. S ST. PAUL MN 55114-1904	Delete SUITE 201S	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMUNDSON, THOMAS E 2550 UNIVERSITY AVENUE W. S ST. PAUL MN 55114-1904	Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Chanç	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	V ROED, JAMES D.P.E. 2550 UNIVERSITY AVENUE W. S ST. PAUL MN 55114-1904	Delete	TITLE NAME STREET CITY-S	T ADDRESS TADDRESS TA		پیوسه مینی در دام دادن — ۱۰۰۰	Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLER, WILLIAM T P.E. 2550 UNIVERSITY AVENUE W. S ST. PAUL MN 55114-1904	□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, ROBERT J P.E. 2550 UNIVERSITY AVENUE W. S ST. PAUL MN 55114-1904	□ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP			☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUKE, DAVID J 2550 UNIVERSITY AVENUE W. S ST. PAUL MN 55114-1904		CITY-S		Caption 1	40.07/2Vi) Florido Charrino 14 de	Chang		

3. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 651-451-7570 Date Daytime Phone #