

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90061 022 ***158.75

UN200431 A1

DOCUMENT # F01000005697
 1. Entity Name
HANSEN HOMES INC. CHISAGO

Principal Place of Business Mailing Address
11595 INTERLACHEN RD **11595 INTERLACHEN RD**
CHISAGO MN 55013 **CHISAGO MN 55013**

2. Principal Place of Business 3. Mailing Address
11595 Interlachen Rd *11595 Interlachen Rd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
Chisago City Mn *Chisago City Mn*
 Zip Country Zip Country
55013 *USA* *55013* *USA*

4. FEJ Number Applied For
41-1705845 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HANSEN, MARVIN
950 WEST MAGNOLIA
CLERMONT FL 34711

7. Name and Address of New Registered Agent
 Name *Hansen Marvin D.*
 Street Address (P.O. Box Number is Not Acceptable)
950 West Magnolia
 City *Clermont Fl* FL Zip Code *34711*

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 *Marvin D. Hansen* DATE *1-14-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HANSEN, MARVIN D 11595 INTERLACHEN RD CHISAGO MN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HANSEN, MARVA M 11595 INTERLACHEN RD CHISAGO MN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Hansen Marvin D 11595 Interlachen Rd Chisago City Mn 55013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Hansen Marva M 11595 Interlachen Rd Chisago City Mn 55013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *Marvin D. Hansen* DATE *1-14-02* Daytime Phone # *651-260-4817*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)