

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90155 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000006650

1. Entity Name
NATIONAL BENEFIT RESOURCES, INC.



90066251

Principal Place of Business
9900 BREN ROAD EAST, MN008-T410
SUITE 300
MINNETONKA, MN 55343

Mailing Address
9900 BREN ROAD EAST, MN008-T410
SUITE 300
MINNETONKA, MN 55343

2. Principal Place of Business
5402 Parkdale Drive
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
9900 Bren Road East
Suite, Apt. #, etc.
MN008-T410

City & State
Minneapolis, MN

City & State
Minnetonka, MN

4. FEI Number
41-1485369

Applied For
☐ Not Applicable

Zip
55416

Country
USA

Zip
55343

Country
USA

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

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's signature required when registering)

DATE

FILE NOW WITH 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
MCERLANE, JOSEPH J
5402 PARKDALE DRIVE, SUITE 300
MINNEAPOLIS, MN 55416**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
WEISS, ALLAN J
9900 BREN ROAD EAST, MN008-T410
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
LUBBEN, DAVID J
9900 BREN ROAD EAST, MN008-T410
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KELLY, JOHN W
9900 BREN ROAD EAST, MN008-T410
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLBY, RONALD B
9900 BREN ROAD EAST, MN008-T410
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RYAN, TIMOTHY F
9900 BREN ROAD EAST, MN008-T410
MINNETONKA, MN 55343**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
David S. Wichmann
9900 Bren Road East; MN008-T410
Minnetonka, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
Mark L. Helvick
5402 Parkdale Drive, Suite 300
Minneapolis, MN 55416**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Patrick S. Scallen
9900 Bren Road East; MN008-T410
Minnetonka, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 507, 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

March 20, 2003 (952) 936-1839

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)