

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90125 008 \*\*\*150.00

**DOCUMENT # F02000000451**

1. Entity Name

**CENTRE LIFE FINANCE LIMITED COMPANY**



Principal Place of Business

**US BANCORP CENTER, STE 2400  
800 NICOLETT MALL  
MINNEAPOLIS MN 55402**

Mailing Address

**US BANCORP CENTER, STE 2400  
800 NICOLETT MALL  
MINNEAPOLIS MN 55402**

90003743



2. Principal Place of Business

**N/A**

3. Mailing Address

**N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**22-3834597**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., STE 508  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **N/A**

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 **N/A**

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 **PCD** ☐ Delete  
NAME **BERLIN JR, A. MARK**  
STREET ADDRESS **800 NICOLLET MALL**  
CITY-ST-ZIP **MINNEAPOLIS MN**

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

TITLE **VD** ☐ Delete  
NAME **MILLER, ROBERT G**  
STREET ADDRESS **800 NICOLLET MALL**  
CITY-ST-ZIP **MINNEAPOLIS MN**

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

TITLE **V** ☐ Delete  
NAME **GLOWACKI, KEVIN M**  
STREET ADDRESS **17230 9TH AVENUE NORTH**  
CITY-ST-ZIP **PLYMOUTH MN 55447**

TITLE **S.** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **PIERSON, FRANK D**  
STREET ADDRESS **ONE CHASE MANHATTAN PLAZA**  
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **S** ☒ Delete  
NAME **KING, TAMBRA S.**  
STREET ADDRESS **ONE CHASE MANHATTAN PLAZA**  
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **T** ☐ Delete  
NAME **APRILL, PATRICIA M**  
STREET ADDRESS **ONE CHASE MANHATTAN PLAZA**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. Mark Berlin, Jr.**

**1/10/03**

Date

**877-908-8200**

Daytime Phone #

CR2E034 (10/02)