2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2005 8:00 am **Secretary of State**

02-01-2005 90026 022 ****61.25

DOCUMENT # F02000001541

SCIENCE MUSEUM OF MINNESOTA, INCORPORATED Principal Place of Business Mailing Address 120 WEST KELLOGG BLVD. 120 WEST KELLOGG BLVD. ST. PAUL. MN 55102 ST. PAUL. MN 55102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Chg-NP CR2E037 (10/03) 4. FEI Number 41-0706172 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be -311 č Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. P. ~. TITLE . Delete TITLE ☐ Change Addition JOLLY, ERIC J DR. NAME NAME STREET ADDRESS 120 WEST KELLOGG BLVD. STREET ADDRESS CITY-ST-ZIP ST. PAUL, MN 55102 CITY-ST-ZIP TITLE TITI F Change □ Addition ☐ Delete WILSON, KATHY NAME NAME 120 WEST KELLOGG BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PAUL, MN 55102 CITY-ST-ZIP ☐ Change Addition TITLE Delete Nestegard, Susav K. Uchange Kladditor Ecolab tuc. 840 Sibley memorial NELSON: VIVIAN J NAME NAME AUGSBURG COLLEGE -- PO BOX 77 STREET ADDRESS STREET ADDRESS Hwy. 84. Paul MN 55118 CITY-ST-ZIP MINNEAPOLIS, MN 55454 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE KULLER, HART NAME NAME STREET ADDRESS SUITE 3500 225 SOUTH SIXTH STREET STREET ADDRESS MINNEAPOLIS, MN 55402 CITY-ST-ZIP CITY-ST-ZIP ·TITLE TITLE ☐ Addition TUNHEIM, KATHRYN H NAME NAME STREET ADDRESS 1100 RIVERVIEW TOWER, 8009-34TH AVE SOUTH STREET ADDRESS MINNEAPOLIS, MN 55425 ----CITY-ST-ZIP CITY-ST-7IP Garofalo, Donald Library Change . Addition Andersen Corp. 100 4th Ave. V. TIT! F TITLE -O'BRIEN, GARY T NAME NAME TO SE STREET ADDRESS 730 SECOND AVENUE SOUTH SUITE 1350 STREET ADDRESS Bayport MU MINNEAPOLIS MN 55402 CITY-ST-ZIP 55003 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 617, 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 gringbowered. - 6-5 SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NA O DEFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

January 3, 2005

TO: Ann Crownhart FROM: Sharon Mallman

40010279 #F02000001541

Attached Purchase order to Florida

When you process this purchase order, please send the original copy of the report with the check for submission to the State of Florida.

Thank you.

2005 NOT-FOR-PROFIT CORPORATION ATTACHMENT

		KEPUKI						
DOCUMENT # F0200001541 1. Entity Name SCIENCE MUSEUM OF MINNESOTA, INCORPORATED								
120 WEST KELLOGG BLVD.		Mailing Address 120 WEST KELLOGG BLVD. ST. PAUL, MN 55102			40010	1279		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0103200	5 Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Nur 41-0	nber 706172	 	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certific	of Status Desired	\$9.75 Ad	ditional	
	6. Name and Address of Current I	Registered Agent		7. Name a	nd Address of New	Registered Agent		
C T COPPODATION SYSTEM				Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
			City	<u> </u>		FL Zip Cox	de	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office or	registered agent, or	both, in the State of		, and accept	
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								
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2005 Trust Fund Co								
	-			\$5.00 Ma		Make check payable lorida Department of S		
10.	Due by May 1, 2005 OFFICERS AND DIF	Trust Fund Co		Added to Fe	es F	lorida Department of S	State + ()	
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