

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90120 035 ****61.25

DOCUMENT # F02000001541

1. Entity Name
SCIENCE MUSEUM OF MINNESOTA, INCORPORATED



Principal Place of Business
**120 WEST KELLOGG BLVD.
ST. PAUL, MN 55102**

Mailing Address
**120 WEST KELLOGG BLVD.
ST. PAUL, MN 55102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0706172

Applied For

Not Applicable

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

B. 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)

DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PETERSON, JAMES L DR.**
STREET ADDRESS **120 WEST KELLOGG BLVD.**
CITY-ST-ZIP **ST. PAUL, MN 55102**

TITLE **V** ☐ Delete
NAME **WILSON, KATHY**
STREET ADDRESS **120 WEST KELLOGG BLVD.**
CITY-ST-ZIP **ST. PAUL, MN 55102**

TITLE **S** ☐ Delete
NAME **NELSON, VIVIAN J**
STREET ADDRESS **AUGSBURG COLLEGE - PO BOX 77**
CITY-ST-ZIP **MINNEAPOLIS, MN 55464**

TITLE **T** ☐ Delete
NAME **THOME, KENNETH L**
STREET ADDRESS **ONE GENERAL MILLS BOULEVARD**
CITY-ST-ZIP **MINNEAPOLIS, MN 55426**

TITLE **VC** ☐ Delete
NAME **TUNHEIM, KATHRYN H**
STREET ADDRESS **1100 RIVERVIEW TOWER, 8009-34TH AVE SOUTH**
CITY-ST-ZIP **MINNEAPOLIS, MN 55425**

TITLE **D** ☐ Delete
NAME **GAROFALO, DONALD L**
STREET ADDRESS **100 FOUTH AVENUE NORTH**
CITY-ST-ZIP **BAYPORT, MN 55003**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 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 empowered.

SIGNATURE:

James L. Peterson **James L. Peterson** 3/17/03 651-221-4713

CR2E037 (10/02)