

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005231

1. Entity Name
UNI-SELECT USA SOUTH CENTRAL, INC.



Principal Place of Business
**2525 N. FAIRVIEW AVENUE
ST. PAUL, MN 55113**

Mailing Address
**2525 N. FAIRVIEW AVENUE
ST. PAUL, MN 55113**



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1950828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**D
JACQUES, FLORENT
170 INDUSTRIEL BLVD., BOUCHERVILLE
QUEBEC, CANADA, J4B 2X3,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCCONNELL, BILL
641 PHELAN AVENUE
MEMPHIS, TN 38126**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
RUTLAND, JOHN
641 PHELAN AVENUE
MEMPHIS, TN 38126**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CHESNAY, PIERRE
170 INDUSTRIEL BOUL, BOUCHERVILLE
QUEBEC, CANADA, J4B 2X3,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
SCHMIDT, STEVE
2525 FAIRVIEW AVE N.
SAINT PAUL, MN 55117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Steve Schmidt, Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05 651-633-8111
Date Daytime Phone #