

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90337 037 ***150.00

080710 AT

DOCUMENT # F92000000357

1. Entity Name

NORTHWEST PARS, INC.

Principal Place of Business

**5101 NW DR
 ST. PAUL MN 55111-3034
 US**

Mailing Address

**5101 NW DR
 DEPARTMENT A4450
 ST. PAUL MN 55111-3034
 US**

2. Principal Place of Business

3. Mailing Address

2700 Lone Oak Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dept A4450

City & State

Eagan MN

Zip

Country

Zip

Country

55121-1534

US

4. FEI Number

41-1574350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **J. TIMOTHY GRIFFIN**
 STREET ADDRESS **5101 NORTHWEST DRIVE**
 CITY-ST-ZIP **ST. PAUL MN**

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

TITLE **VDS** ☐ Delete
 NAME **STEENLAND, DOUGLAS M**
 STREET ADDRESS **5101 NORTHWEST DRIVE**
 CITY-ST-ZIP **ST. PAUL MN**

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

TITLE **V** ☐ Delete
 NAME **LENZA, A M**
 STREET ADDRESS **5101 NORTHWEST DR**
 CITY-ST-ZIP **ST PAUL MN**

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

TITLE **V** ☒ Delete
 NAME **LEVINSON, KENNETH S**
 STREET ADDRESS **5101 NORTHWEST DRIVE**
 CITY-ST-ZIP **ST PAUL MN**

TITLE **V James G. Mathews** ☐ Change ☒ Addition
 NAME **James G. Mathews**
 STREET ADDRESS **2700 Lone Oak Parkway**
 CITY-ST-ZIP **Eagan, MN 55121-1534**

TITLE **VD** ☒ Delete
 NAME **COX, HIRAM A**
 STREET ADDRESS **5101 NW DR**
 CITY-ST-ZIP **SAINT PAUL MN 55111-3034**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED James G. Mathews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

612-726-2252

Daytime Phone #

CR2E034 (9/01)