

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001066

1. Entity Name

MINNESOTA INTERACTIVE TECHNOLOGIES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90856 030 ***150.00

Principal Place of Business

2266 NORTH SECOND STREET
N ST. PAUL MN 55109
US

Mailing Address

2266 NORTH SECOND STREET
N ST. PAUL MN 55109-2914
US

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

41-1387419

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	PAULSON, DUANE	
STREET ADDRESS	2266 N SECOND STREET	
CITY-ST-ZIP	NORTH ST. PAUL MN 55109	
TITLE	V	<input type="checkbox"/> Delete
NAME	GROTHE, REED	
STREET ADDRESS	2266 N SECOND STREET	
CITY-ST-ZIP	NORTH ST. PAUL MN 55109	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLASEN, GERALD	
STREET ADDRESS	2266 N SECOND STREET	
CITY-ST-ZIP	NORTH ST. PAUL MN 55109	
TITLE	S	<input type="checkbox"/> Delete
NAME	DURANT, CHARLES A	
STREET ADDRESS	2266 N SECOND STREET	
CITY-ST-ZIP	NORTH ST. PAUL MN	
TITLE	VPOF	<input type="checkbox"/> Delete
NAME	REICHERT, JACK A	
STREET ADDRESS	2266 N SECOND STREET	
CITY-ST-ZIP	NORTH ST. PAUL MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas L. Auth	
STREET ADDRESS	2266 N. Second St.	
CITY-ST-ZIP	N. St. Paul, MN 55109	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles E. Briskey	
STREET ADDRESS	2266 N. Second St.	
CITY-ST-ZIP	N. St. Paul, MN 55109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

651-779-4807
Daytime Phone #

CR2E034 (9/99)