

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90050 049 \*\*\*150.00

**DOCUMENT # F93000002748**

1. Entity Name

**LIBERTY SHARE DRAFT & CHECK PRINTERS, INC.**

904352



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2222 WOODALE DRIVE  
 MOUNDS VIEW MN 55112  
 US

2720 ARTHUR ST.  
 ROSEVILLE MN 55113-1303  
 US

2. Principal Place of Business

3. Mailing Address

5267 Program Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mounds view mn

4. FEI Number

41-1641460

Applied For

Not Applicable

Zip

Country

Zip

Country

55112

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 ☐ Delete  
 NAME C  
 STREET ADDRESS COPHAM, DAVID L  
 CITY-ST-ZIP 2222 WOODALE DR  
 MOUNDS VIEW MN

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

TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS PROVENZANO, MICHAEL J  
 CITY-ST-ZIP 2222 WOODALE DR  
 MOUNDS VIEW MN

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

TITLE ☐ Delete  
 NAME CEO  
 STREET ADDRESS ANDERSON, ROBERT D  
 CITY-ST-ZIP 222 WOODALE DRIVE  
 MOUNDS VIEW MN

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Executive VP  
 STREET ADDRESS Paul L. Annett  
 CITY-ST-ZIP 2222 Woodale Drive  
 mounds view mn 55112

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Paul L. Annett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

651-604-5300

Daytime Phone #

CR2E034 (9/99)