

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001475

1. Entity Name

D.A.S.I., INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90213 049 ***150.00

Principal Place of Business 600 COON RAPIDS BLVD COON RAPIDS MN 55433 US	Mailing Address 600 COON RAPIDS BLVD COON RAPIDS MN 55433 US
---	---

2. Principal Place of Business 600 Coon Rapids Blvd.	3. Mailing Address 600 Coon Rapids Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coon Rapids	City & State Coon Rapids	4. FEI Number 41-1389763	Applied For <input type="checkbox"/> Not Applicable
Zip 55433	Country U.S.	Zip 55433	Country U.S.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PD	<input type="checkbox"/> Delete
NAME ZUREK, KATHLEEN J	
STREET ADDRESS 600 COON RAPIDS B;LVD	
CITY-ST-ZIP COON RAPIDS MN	
TITLE STD	<input type="checkbox"/> Delete
NAME ZUREK, ROBERT A	
STREET ADDRESS 600 COON RAPIDS BLVD	
CITY-ST-ZIP COON RAPIDS MN	
TITLE V	<input type="checkbox"/> Delete
NAME GALLAGHER, SALLY	
STREET ADDRESS 600 COON RAPIDS BLVD	
CITY-ST-ZIP COON RAPIDS MN	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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: Kathleen J. Zurek **Kathleen J. Zurek** 01-11-00 612-783-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (9/99)