

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F94000001498**1. Entity Name  
CORNWALL & STEVENS SOUTHEAST, INC.Principal Place of Business  
3280 POINTE PARKWAY  
SUITE 1800  
NORCROSS GA 30092  
Mailing Address  
P.O. BOX 920219  
NORCROSS GA 30092

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**58-1133361**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.PLANTATION FL  
33324 US**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 \_\_\_\_\_ **04/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	JAMES F. VAN HOUTEN	TWO PINE TREE DR. ARDEN HILLS MN 55112	<input type="checkbox"/> Delete
	D	REISS ALAN T.	TWO PINE TREE DRIVE ARDEN HILLS MN 55112	<input type="checkbox"/> Delete
	TD	ROHDE STEPHEN L.	TWO PINE TREE DR. ARDEN HILLS MN 55112	<input type="checkbox"/> Delete
	S	PINGATORE JOSEPH J.	TWO PINE TREE DRIVE ARDEN HILLS MN 55112	<input type="checkbox"/> Delete
	P	LEE Y. JOHN	TWO PINE TREE DRIVE ARDEN HILLS MN 55112	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	GASPER KOVACH JR	5916 SR 540 PO BOX K WAVERLY FL 33877				
	D	VAN HOUTEN JAMES F	TWO PINE TREE DR. ARDEN HILLS MN 55112		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	REISS ALAN T	TWO PINE TREE DRIVE ARDEN HILLS MN 55112		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	TD	ROHDE STEPHEN L	TWO PINE TREE DR. ARDEN HILLS MN 55112		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** Joseph J. Pingatore

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04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)