

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90154 007 ***150.00

DOCUMENT # F94000004127**1. Entity Name**

Northwestern Travel Service, Inc.

Principal Place of Business**Mailing Address**7250 Metro Blvd.
Minneapolis, MN 554397250 Metro Blvd.
Minneapolis, MN 55439**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

41-0956506

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	Noble, John	706 Widsten Circle	Wayzata, MN 55391	<input type="checkbox"/>
P	Dahl, Art	485 Vixen Road	Wayzata, MN	<input type="checkbox"/>
TS	Przytarski, Roger	14900 1st Avenue S.	Burnsville, MN	<input type="checkbox"/>
D	Noble, Peter T	P.O. Box 576, 1600 Fall Lake Rd.	Ely, MN 55731	<input type="checkbox"/>
D	Noble, Clifford	1661 Brunswick Ave. S.	St. Louis Park, MN	<input type="checkbox"/>
D	Noble, Jack C.	7445 Chippewa Trail	Chanhassen, MN	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**

Roger Przytarski, Office

4/27/00 (952) 921-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)