2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F94000004471 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name BERGER TRANSFER & STORAGE, INC. 04-27-2000 90052 021 ***150.00 Principal Place of Business Mailing Address TIST CC 2950 LONG LAKE ROAD 2950 LONG LAKE ROAD ROSEVILLE MN 55113 **ROSEVILLE MN 55113-1050** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number City & State City & State 41-0677589 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brue sehoff BRUESEHOFF, ERWIN R Street Address (P.O. Box Number is Not Acceptable) 26290 SUNDERLAND UNIT 6203 Atthough **BONITA SPRINGS FL 33923** 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. required when reinstation) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP TITLE ☐ Change Addition ☐ Delete TITLE DIRCKS, WILLIAM R NAME NAME STREET ADDRESS STREET ADDRESS 2950 LONG LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP ROSEVILLE MN ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, DUANE NAME NAME 2950 LONG LAKE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSEVILLE MN ---☐ Change ☐ Addition ☐ Delete TITLE BOEHME, THOMAS NAME 2950 LONG LAKE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROSEVILLE MN** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone &