

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000002

1. Entity Name  
IMI CORNELIUS, INC.

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90060 035 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE CORNELIUS PLACE  
ANOKA MN 55303-6234

ONE CORNELIUS PLACE  
ANOKA MN 55303-6234

00023116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 41-0204600

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BARKLEY, RICHARD A  
STREET ADDRESS 1 CORNELIUS PLACE  
CITY-ST-ZIP ANOKA MN

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

TITLE V ☐ Delete  
NAME FLEMING, CHARLES E  
STREET ADDRESS 1 CORNELIUS PLACE  
CITY-ST-ZIP ANOKA MN

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

TITLE S ☐ Delete  
NAME WHELPLEY, DENNIS P  
STREET ADDRESS 45 SOUTH 7TH STREET  
CITY-ST-ZIP MINNEAPOLIS MN 55402

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

TITLE TD ☒ Delete  
NAME NICHOLSON, ROBERT C  
STREET ADDRESS 1 CORNELIUS PLACE  
CITY-ST-ZIP ANOKA MN

TITLE VP & Corporate Controller ☐ Change ☒ Addition  
NAME Ken Thomson  
STREET ADDRESS 1 Cornelius Place  
CITY-ST-ZIP Anoka, MN 55303

TITLE CD ☐ Delete  
NAME LAMB, MARTIN J.  
STREET ADDRESS IMI KYNOCH, WITTON  
CITY-ST-ZIP BIRMINGHAM EN

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

TITLE D ☐ Delete  
NAME JACKSON, DAVID  
STREET ADDRESS IMI KYNOCH, WITTON  
CITY-ST-ZIP BIRMINGHAM EN

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.

Assistant Co. Sec'y

James Etter

2/13/01

763-422-3650

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)