

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90134 004 ***550.00

FL 2002-11

DOCUMENT # F95000002741

1. Entity Name
MINNESOTA ARCHITECTURAL ALLIANCE, INC.

Principal Place of Business
**400 CLIFTON AVE., S.
 MINNEAPOLIS MN 55403**

Mailing Address
**400 CLIFTON AVE., S.
 MINNEAPOLIS MN 55403**

80130246



DO NOT WRITE IN THIS SPACE

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 41-0963427	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PDC	<input type="checkbox"/> Delete
NAME	DE ANGELO, THOMAS J	
STREET ADDRESS	400 CLIFTON AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	LA FRANCE, DENNIS W	
STREET ADDRESS	400 CLIFTON AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ELLSWORTH, CYNTHIA L	
STREET ADDRESS	400 CLIFTON AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VESTERHOLT, PETER	
STREET ADDRESS	400 CLIFTON AVE S	
CITY-ST-ZIP	MINEAPOLIS MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (4/02)

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: *[Signature]* Secretary **7/18/02** **612-871-5701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #