

02 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90038 004 ***150.00

0572108 AT

DOCUMENT # F95000003846

1. Entity Name
VC MANAGEMENT CORP.

Principal Place of Business 601 CARLSON PKWY. 9TH FLOOR, CARLSON TOWERS MINNETONKA MN 55305 US	Mailing Address 1209 ORANGE ST WILMINGTON DE 19601 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
601 Carlson Parkway

3. Mailing Address

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

Suite 1050

City & State City & State

Minnetonka MN

Zip Country Zip Country

55305 Hennepin

4. FEI Number **41-1813331** Applied For
 Not Applicable

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 _____ 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 requirements and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D <input checked="" type="checkbox"/> Delete SNOW, MICHAEL L 3300 NORWEST CENTER MINN MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC <input checked="" type="checkbox"/> Delete THEISEN, PAULA W 601 CARLSON PKWY, SUITE 900 HOPKINS MN 55305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO <input checked="" type="checkbox"/> Delete MOE, PAUL J 1300 NICOLLET AVE., STE. 4060 MINNEAPOLIS MN 55403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PARRISH, O B JR 875 N MICHIGAN AVE #3660 CHICAGO IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUO <input checked="" type="checkbox"/> Delete MOE, SUZANNE B 1300 NICOLLET MALL STE 4060 MINNEAPOLIS MN 55403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO <input checked="" type="checkbox"/> Delete LUECKE, KEITH 601 CARLSON PKWY, SUITE 900 HOPKINS MN 55305

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Scott Grossfeld 3700 Yellowstone Lane Plymouth, MN 55446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Keith Luecke 1815 Oxford Avenue Delano, MN 55328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Keith Luecke, CEO Date: March 15, 2002 Daytime Phone #: 952-548-4000

CR2E034 (9/01)