

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90091 037 \*\*\*150.00

**DOCUMENT # F95000004102**

1. Entity Name

**MAYO COLLABORATIVE SERVICES, INC.**

Principal Place of Business

**200 FIRST STREET SW  
 ROCHESTER MN 55905**

Mailing Address

**ATTN: FOUNDATION ACCTG  
 200 FIRST STREET SW  
 ROCHESTER MN 55905**

2. Principal Place of Business

3. Mailing Address

**Attn: Jonathan J. Oviatt**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200 1st Street SW**

City & State

City & State

**Rochester, MN 55905**

Zip

Country

Zip

Country

**55905**

**USA**

4. FEI Number

**41-1346366**

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

**MARTIN, JOANNE**

**4500 SAN PABLO ROAD**

**JACKSONVILLE FL 32224**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD OVIATT, JONATHAN 200 FIRST STREET SW ROCHESTER MN</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAT HOFFMAN, HARRY 200 FIRST STREET SW ROCHESTER MN</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C HATTERY, ROBERT R. 200 FIRST ST SW ROCHESTER MN 55905</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Alan Schilmoeller 200 First Street SW Rochester, MN 55905</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Richelle Fleischer 200 First Street SW Rochester, MN 55905</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman Sylvester Sterioff 200 First Street SW Rochester, MN 55905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President R. Keith Laughman 200 First Street SW Rochester, MN 55905</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Robert Kisabeth 200 First Street SW Rochester, MN 55905</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Jonathan J. Oviatt 200 First Street SW Rochester, MN 55905</b>	<input type="checkbox"/> Change <input checked="" 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 lines empowered.

**SIGNATURE:**

**Jonathan J. Oviatt**  
 Assistant Secretary

4/17/02

(507) 284-8707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)