2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

KANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # F95000005904 MINNESOTA BBC PROPERTY CO. 02-05-2001 90089 015 ***150.00 Principal Place of Business Mailing Address PO BOX 9312 PO BOX 9312 MINNEAPOLIS MN 55440-9312 MINNEAPOLIS MN 55440-9312 711236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 41-1788391 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) 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, 2001 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. DCEO Addition ☐ Delete ☐ Change TITLE TITLE SCHULZE, RICHARD M NAME NAME STREET ADDRESS 5015 NOB HILL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EDINA MN 55435 TITLE DP ☐ Oelete ☐ Change ☐ Addition NAME ANDERSON, BRADBURY H NAME STREET ADDRESS 1874 SUMMIT AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PAUL MN 55101 ☐ Addition ---□ Delete ---TITLE Change TITLE LENZMEIER, ALLEN U NAME NAME STREET ADDRESS 322 MISSISSIPPI RIVER BLVD. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PAUL MN 55104-4927 🗷 Delete Change ☐ Addition TITLE TITLE Jackson, Darren 290 Woodlawn FOX, ROBERT C NAME NAME STREET ADDRESS 956 STONEBROOKE DR. STREET ADDRESS Aunue CITY-ST-ZIP CITY-ST-ZIP St. Paul, SHAKOPEE MN 55379 MM22102-1231 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MATRE, PATRICK NAME NAME STREET ADDRESS 1558 GOODRICH AVE. STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ST. PAUL MN 55105 ☐ Change TITLE ☐ Delete TITLE ☐ Addition JOYCE, JOSEPH M NAME NAME STREET ADDRESS STREET ADDRESS 13115 - 37TH AVE. N. CITY-ST-ZIP CITY-ST-ZIP PLYMOUTH MN 55441 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 improvered.