

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90105 045 ***150.00

DOCUMENT # F96000001208

1. Entity Name
ON CUE, INC. OF DELAWARE

Principal Place of Business

10400 YELLOW CIRCLE DR
MINNETONKA MN 55343

Mailing Address

10400 YELLOW CIRCLE DR
MINNETONKA MN 55343

2. Principal Place of Business

7075 Flying Cloud Dr

Suite, Apt. #, etc.

3. Mailing Address

7075 Flying Cloud Dr

Suite, Apt. #, etc.

Attn: Tax Dept

City & State

Eden Prairie, mn

City & State

Eden Prairie, mn

Zip

55344

Country

USA

Zip

55344

Country

USA

4. FEI Number

41-1728078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	EUGSTER, JACK	
STREET ADDRESS	10400 YELLOW CIRCLE DR	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	TRACEY, DOUGLAS M	
STREET ADDRESS	10400 YELLOW CIRCLE DR	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	BENSON, KEITH A	
STREET ADDRESS	10400 YELLOW CIRCLE DR	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	TVP	<input checked="" type="checkbox"/> Delete
NAME	NERMYR, JAMES	
STREET ADDRESS	10400 YELLOW CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	HOARD, HEIDI	
STREET ADDRESS	10400 YELLOW CIRCLE DR	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SCULLY, TIMOTHY J	
STREET ADDRESS	10400 YELLOW CIRCLE DR	
CITY-ST-ZIP	MINNETONKA MN 55343	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Freeland	
STREET ADDRESS	7075 Flying Cloud Dr	
CITY-ST-ZIP	Eden Prairie, mn 55344	
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph M. Joyce	
STREET ADDRESS	7075 Flying Cloud Dr	
CITY-ST-ZIP	Eden Prairie, mn 55344	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie Fuhrman	
STREET ADDRESS	7075 Flying Cloud Dr	
CITY-ST-ZIP	Eden Prairie, mn 55344	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constance Kotula	
STREET ADDRESS	7075 Flying Cloud Dr	
CITY-ST-ZIP	Eden Prairie, mn 55344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Constance Kotula *4/17/02* *952/947-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)