2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** F96000001330 1. Entity Name ARCTIC CAT SALES INC.

FILED Jul 30, 2002 8:00 am Secretary of State 07-30-2002 90383 035 ***550.00

| Principal Place of Business Mailing Address | | | | | | - | | | | | | |
|--|--|---------------------------------------|--|----------------|------------------|-------------------|---------------------------------------|------------------------------------|---------------|---|------------------------------|---------------|
| 601 BROOKS AVE. SO. THIEF RIVER FALLS MN 56701 | | | P.O. BOX 810 Thief river falls MN 56701 | | | | | | | | | |
| | | | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | | City & State | | | 4. F | 4. FEi Number 41-1743151 Applied For | | | | | |
| Zip Country | | Country | Zip Country | | гу | 5. (| | | | Not Applicable 8.75 Additional ee Required | | |
| 6. Name and Address of Current | | | Registered Agent | | | 7 Name and | | Address of New Registered Agent | | | ieu . | |
| | | | | | Name | | Tame and Addre | ss or Ivew negls | stered Agen | <u>t</u> | | \dashv |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | Street Addres | | | dress (P.O. B | s (P.O. Box Number is Not Acceptable) | | | | | |
| PLANTATION FL 33324 | | | | | | | | | | | 1 | |
| | | | • | | City | | | | FL 2 | Zip Cod | e | 1 |
| 8. The above the obliga | e named entity so ations of registere | ubmits this statement for d agent. | the purpose of changing its | registere | d office or r | egistered age | ent, or both, in th | e State of Florida | . I am famili | ar with, | and accept | 1 |
| SIGNATURE | Signature transfer | inted name of registered agent ar | | | | _ | | | | | | |
| | Signature, typed or p | inted name of registered agent ar | id title if applicable. (NOTE | : Registered | Agent signature | required when rei | instating) | | 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 \$550.00 After September 13, 2002 Fee will be \$75 Make Check Payable to Department of Si | | | \$750.00 | | ampaign Financi d Contribution. | ng | \$5.0 Addec | 0 May Be I to Fees | |
| 11. | | OFFICERS AND D | | 12. | | | L DITIONS/CHANG | GES TO OFFICER | S AND DIRE | CTOR: | S IN 11 | $\frac{1}{1}$ |
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| NAME TWOMEY, CHRISTOPHER STREET ADDRESS 102 KENWOOD CT | | | . NAM | | ADDRESS | Rt. #3, Box 94T | | | | | | |
| CITY-ST-ZIP THIEF RIVER FALLS MN | | | | | ST-ZIP | Ersk | cskine, MN 56535 | | | | | |
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| STREET ADDRESS | DELMORE, T 1212 CENTE | | | NAME | ADDRESS | | | • | | | | |
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| name Street address | | | | NAME | | | n | | | | | İ |
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| ITY-ST-ZIP | | | | CITY-S | r-zip | | | | | | | i |
| 3 J nereby o | partity that the infi | remotion our malical with the | in tillian alama and a control | | | | | | | | | |

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:

07/11/02

<u>281-681-8558</u>