2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCUMENT # F9600001640 **Secretary of State** GLOBAL FINANCIAL GROUP, INC. OF MINNESOTA 03-21-2001 90002 001 ***150.00 Principal Place of Business Mailing Address 100 WASHINGTON SQ #1319 100 WASHINGTON SO #1319 MINNEAPOLIS MN 55401 MINNEAPOLIS MN 55401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 84-1102046 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THAN, JON Street Address (P.O. Box Number is Not Acceptable) 600 CORPORATE DR -----ල ට FT LAUDERDALE FL 33334 8. The above named entity submits this ; state/mery/fo/ the purpose of changing its registered office or registered agent, or both, in the State of Florida. e 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MILLER, KEVIN S NAME STREET ADDRESS STREET ADDRESS 100 WASHINGTON SQ #1319 CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55401 TITLE ☐ Change ☐ Delete ☐ Addition TITLE. NAME LARSON, DANIEL E NAME STREET ADDRESS STREET ADDRESS 100 WASHINGTON SQ #1319 CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55401 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME LUIKENS, CECE --NAME STREET ADDRESS STREET ADDRESS 100 WASHINGTON SQ #1319 CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55401

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 inclicated 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 chapter 607, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

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NAME

TITLE

NAME

STREET ADDRESS

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STREET DDRESS

CITY-ST2ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Delete

☐ Delete

Change

☐ Change

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Addition

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☐ Addition

CR2E034 (10/00)