

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002299

Entity Name

MMI RISK MANAGEMENT RESOURCES, INC.

APPROVED
AND
FILED

Pg. 1 of 2

00 AUG 28 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 540 LAKE COOK ROAD DEERFIELD IL 60015 | Mailing Address 540 LAKE COOK ROAD DEERFIELD IL 60015 |
|---|---|

| | | | |
|--------------------------------|---------|-----------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | 385 Washington Street | |
| City & State | | City & State | |
| St. Paul, MN | | St. Paul, MN | |
| Zip | Country | Zip | Country |
| 55102 | USA | 55102 | USA |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 36-3812181 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KATZ, JONATHAN
7800 SOUTHLAND BLVD., STE 158
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee FL Zip Code 32301

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 Deborah D. Skipper **Deborah D. Skipper**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **as its agent** DATE 8-25-00

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, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | CD HAJEK, ANNA M 540 LAKE COOK ROAD DEERFIELD IL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOCKOWITZ, PAMELA A 540 LAKE COOK ROAD DEERFIELD IL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SINCLAIR, WAYNE A 540 LAKE COOK ROAD DEERFIELD IL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FISKOW, PHILIP J 540 LAKE COOK RD. DEERFIELD IL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECKER, B F 540 LAKE COOK ROAD DEERFIELD IL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COONEY, MICHELLE M 540 LAKE COOK RD. DEERFIELD IL <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/D Urness, Kent D. 385 Washington Street St. Paul, MN 55102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Wiese, Sandra Ulsaker 385 Washington Street St. Paul, MN 55102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/T Bergmann, Thomas E. 385 Washington Street St. Paul, MN 55102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Linden, Rich 540 Lake Cook Rd. Deerfield, IL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Backberg, Bruce A. 385 Washington Street St. Paul, MN 55102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gustafson, James E. 385 Washington Street St. Paul, MN 55102 <input checked="" type="checkbox"/> Change <input 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 fiduciary 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: Bruce A. Backberg **Bruce A. Backberg** 8/11/00 651/310-7911
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 811471 4328999

AUTHORIZATION : *Patricia Pizzuti*

COST LIMIT : \$ 550.00

ORDER DATE : August 25, 2000

ORDER TIME : 3:58 PM

ORDER NO. : 811471-005

CUSTOMER NO: 4328999

CUSTOMER: Ms. Irma Kamperschroer
The St. Paul Companies
385 Washington Street

Saint Paul, MN 55102

CHANGE OF AGENT

NAME: MMI RISK MANAGEMENT RESOURCES,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

A large, stylized handwritten signature in black ink, located in the bottom right corner of the document.