## 20\$1 UNIFORM BUSINESS REPORT (UBR) FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # F96000002410 ATLAS FOUNDATION CO. 02-07-2001 90178 048 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 117 P.O. BOX 117 ROGERS MN 55374 ROGERS MN 55374 U0015Z53 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. FEI Number Applied For 41-0919012 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition NAME STANNARD, G.E. 4933 THREE POINTS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MOUND MN 55364** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MARCINIAK, DOUGLAS M NAME STREET ADDRESS 727 \_ 75TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMERY WI 54001 ☐ Delete TITLE TITLE ☐ Change Addition NAME PETERSON, DAVID I NAME STREET ADDRESS 1707 - 207TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CEDAR MN 55011 TITLE X Delete TITLE ☐ Change ☐ Addition NAME STANNARD, BRADLEY J NAME STREET ADDRESS **5232 SEABURY ROAD** STREET ADDRESS CITY-ST-ZIP **MOUND MN 55364** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GUNDERSON, ELIZABETH J NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

7532 90TH ST

vpd

PRINCETON MN 55371

WEINGART, PAUL S

10821 IRWIN SOUTH

BLOOMINGTON MN 55437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/31/01

763.682261

Daytime Phone #

Change

☐ Addition