

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90049 045 ****61.25

DOCUMENT # F96000003986

1. Entity Name
CITIZENS' SCHOLARSHIP FOUNDATION OF AMERICA, INC

Principal Place of Business Mailing Address
7703 NORMANDE RD 110 **7703 NORMANDE RD 110**
MINNEAPOLIS MN 55435 **MINNEAPOLIS MN 55435**

2. Principal Place of Business 3. Mailing Address
1505 Riverview Road **1505 Riverview Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Peter MN **St. Peter MN**
 Zip Country Zip Country
56082 **USA** **56082** **USA**

4. FEI Number **04-2296967** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC <input type="checkbox"/> Delete
NAME	MCGRATH, PHYLLIS
STREET ADDRESS	2 AUSTIN DRIVE
CITY-ST-ZIP	BASKING RIDGE NJ 07920
TITLE	PD <input type="checkbox"/> Delete
NAME	NELSEN, WILLIAM C DR
STREET ADDRESS	1505 RIVERVIEW RD
CITY-ST-ZIP	ST PETER MN 56082
TITLE	VPD <input type="checkbox"/> Delete
NAME	MAHONEY, LINDA
STREET ADDRESS	7703 NORMANDE RD 110
CITY-ST-ZIP	MINNEAPOLIS MN 55435
TITLE	VPD <input type="checkbox"/> Delete
NAME	VÖGEL, FRED P
STREET ADDRESS	1505 RIVERVIEW RD
CITY-ST-ZIP	ST PETER MN 56082
TITLE	VPD <input type="checkbox"/> Delete
NAME	SPILLERS, ALAN
STREET ADDRESS	7703 NORMANDE RD., #110
CITY-ST-ZIP	MINNEAPOLIS MN 55435
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, BETTY
STREET ADDRESS	10 PARK PLACE, STE 24, C/O FALTON CO HOUSE
CITY-ST-ZIP	ATLANTA GA 30303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Scott Appelwick** DATE: **1/9/02** DAYTIME PHONE #: **507-931-0430**

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE