

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90091 006 \*\*\*\*61.25

**DOCUMENT # F96000003986**  
1. Entity Name  
**CITIZENS' SCHOLARSHIP FOUNDATION OF AMERICA, INC**



Principal Place of Business  
**1505 RIVERVIEW ROAD  
SAINT PETER MN 56082**

Mailing Address  
**1505 RIVERVIEW ROAD  
SAINT PETER MN 56082**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>04-2296967</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State				
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>DC</b>	<input type="checkbox"/> Delete	TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCGRATH, PHYLLIS</b>		NAME	<b>Ashok Bakhru</b>	
STREET ADDRESS	<b>2 AUSTIN DRIVE</b>		STREET ADDRESS	<b>1505 Riverview Rd</b>	
CITY-ST-ZIP	<b>BASKING RIDGE NJ 07920</b>		CITY-ST-ZIP	<b>St. Peter, MN 56082</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELSEN, WILLIAM C DR</b>		NAME	<b>Susan Weinberger</b>	
STREET ADDRESS	<b>1505 RIVERVIEW RD</b>		STREET ADDRESS	<b>1505 Riverview Rd</b>	
CITY-ST-ZIP	<b>ST PETER MN 56082</b>		CITY-ST-ZIP	<b>St. Peter, MN 56082</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHONEY, LINDA</b>		NAME		
STREET ADDRESS	<b>7703 NORMANDEALE RD 110</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55435</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOGEL, FRED P</b>		NAME		
STREET ADDRESS	<b>1505 RIVERVIEW RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST PETER MN 56082</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPILLERS, ALAN</b>		NAME		
STREET ADDRESS	<b>7703 NORMANDEALE RD., #110</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55435</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, BETTY</b>		NAME		
STREET ADDRESS	<b>10 PARK PLACE, STE 24, C/O FALTON CO HOUSE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>		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: *[Signature]* **QUALITY REQUIRED** 1-28-03 507-931-0405

CR2E037 (10/02)