

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90143 041 ***150.00

DOCUMENT #
1. Entity Name
ACTIVAR, INC.

F96000004095

Principal Place of Business	Mailing Address
7808 CREEKRIDGE CIRCLE, SUITE 200 EDINA MN 55439	7808 CREEKRIDGE CIRCLE, SUITE 200 EDINA MN 55439

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. -FEI Number	41-1335237	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent	
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BAKER, JOHN
5758 CORPORATION CIRCLE
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name _____

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

Year	Percentage
1990	85%
1995	83%
2000	81%
2005	79%
2010	75%

City	State	Year	Population	Area	Population Density
Albany	NY	2000	20,000	100	200
Albany	NY	2010	20,000	100	200
Albany	NY	2020	20,000	100	200
Albany	NY	2030	20,000	100	200
Albany	NY	2040	20,000	100	200
Albany	NY	2050	20,000	100	200
Albany	NY	2060	20,000	100	200
Albany	NY	2070	20,000	100	200
Albany	NY	2080	20,000	100	200
Albany	NY	2090	20,000	100	200
Albany	NY	2100	20,000	100	200
Albany	NY	2110	20,000	100	200
Albany	NY	2120	20,000	100	200
Albany	NY	2130	20,000	100	200
Albany	NY	2140	20,000	100	200
Albany	NY	2150	20,000	100	200
Albany	NY	2160	20,000	100	200
Albany	NY	2170	20,000	100	200
Albany	NY	2180	20,000	100	200
Albany	NY	2190	20,000	100	200
Albany	NY	2200	20,000	100	200
Albany	NY	2210	20,000	100	200
Albany	NY	2220	20,000	100	200
Albany	NY	2230	20,000	100	200
Albany	NY	2240	20,000	100	200
Albany	NY	2250	20,000	100	200
Albany	NY	2260	20,000	100	200
Albany	NY	2270	20,000	100	200
Albany	NY	2280	20,000	100	200
Albany	NY	2290	20,000	100	200
Albany	NY	2300	20,000	100	200
Albany	NY	2310	20,000	100	200
Albany	NY	2320	20,000	100	200
Albany	NY	2330	20,000	100	200
Albany	NY	2340	20,000	100	200
Albany	NY	2350	20,000	100	200
Albany	NY	2360	20,000	100	200
Albany	NY	2370	20,000	100	200
Albany	NY	2380	20,000	100	200
Albany	NY	2390	20,000	100	200
Albany	NY	2400	20,000	100	200
Albany	NY	2410	20,000	100	200
Albany	NY	2420	20,000	100	200
Albany	NY	2430	20,000	100	200
Albany	NY	2440	20,000	100	200
Albany	NY	2450	20,000	100	200
Albany	NY	2460	20,000	100	200
Albany	NY	2470	20,000	100	200
Albany	NY	2480	20,000	100	200
Albany	NY	2490	20,000	100	200
Albany	NY	2500	20,000	100	200
Albany	NY	2510	20,000	100	200
Albany	NY	2520	20,000	100	200
Albany	NY	2530	20,000	100	200
Albany	NY	2540	20,000	100	200
Albany	NY	2550	20,000	100	200
Albany	NY	2560	20,000	100	200
Albany	NY	2570	20,000	100	200
Albany	NY	2580	20,000	100	200
Albany	NY	2590	20,000	100	200
Albany	NY	2600	20,000	100	200
Albany	NY	2610	20,000	100	200
Albany	NY	2620	20,000	100	200
Albany	NY	2630	20,000	100	200

City **FL** Zip Code

3. 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.) _____ DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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1.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
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PC		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

NAME	MCNAMARA, RICHARD F	NAME	
STREET ADDRESS	7808 CREEKCRIDGE CIRCLE #200	STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN 55439	CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DST REISSNER, JAMES L 7808 CREEKRIDGE CIRCLE #200 MINNEAPOLIS MN 55439						

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

	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE			
ME			
REET ADDRESS			
Y-ST-ZIP			

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

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

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** President 4/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #