

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90127 029 ***150.00

054001R AT

DOCUMENT # F96000006167

1. Entity Name
LIFETOUCH DEVELOPMENT INC.



Principal Place of Business
11000 VIKING DR
STE 480
EDEN PRAIRIE MN 55344-245
US

Mailing Address
11000 VIKING DR
STE 480
EDEN PRAIRIE MN 55344-245
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 41-1787131

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **HARMEL, PAUL**
STREET ADDRESS **11000 VIKING DR STE 400**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344-7242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **PLADSON, RANDOLPH J**
STREET ADDRESS **11000 VIKING DR STE 400**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344-7242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HASSEL, RICHARD**
STREET ADDRESS **7831 GLENROY ROAD, SUITE 335**
CITY-ST-ZIP **MINNEAPOLIS MN 55439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SEGALL, JOHN**
STREET ADDRESS **11000 VIKING DR STE 480**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344-7245**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **TREUCHEL, ROBERT H**
STREET ADDRESS **8500 NORMANDALE LAKE BLVD., SUITE 1650**
CITY-ST-ZIP **BLOOMINGTON MN 55437**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **KOENECKE, TED L**
STREET ADDRESS **11000 VIKING DRIVE SUITE 400**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

TITLE ☐ Change ☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Hassel, V.P. Legal 4-16-03

Date

952-826-5646

CR2E034 (10/02)