FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90049 016 ***150.00

20015383

DOCUMENT # F97000000820

1. Entity Name

Inmark, Inc. d/b/a Preferred Billing

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1711 W County Rd B		c/o Patrick D. Crocker	
Suite, Apt. #, etc. Ste 330N		Suite, Apt. #, etc. 900 Comerica Bldg	
City & State Roseville MN		City & State Kalamazoo MI	
Zip 55113	Country Ramsey	Zip 49007	Country Kalamazoo

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4. FEI Number 41-1807097 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Edwin F. Blanton

Street Address (P.O. Box Number is Not Acceptable) 825 Thomasville Rd

City Tallahasee FL Zip Code 32303

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Pres/Sec/Dir
NAME	Willie Gray
STREET ADDRESS	1711 W County Rd B, Ste 330N
CITY-ST-ZIP	Roseville MN 55113
TITLE	Vice-Pres/Treas/CFO/Dir
NAME	James Holmquist
STREET ADDRESS	1711 W County Rd B, Ste 330N
CITY-ST-ZIP	Roseville MN 55113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jim Holmquist 1/16/03 651-649-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #