

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90157 011 \*\*\*150.00

**DOCUMENT # F97000000971**

1. Entity Name

**RADISSON SEVEN SEAS CRUISES, INC.**

Principal Place of Business

Mailing Address

**CORPORATE DR #410  
LAUDERDALE FL 33334****ATTN: TAX DEPT P O BOX 59159  
MINNEAPOLIS MN 55459  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**41-1342181**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**COPROLITE CORPORATION  
1 SE 3RD AVE #1400A  
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **DIRECTOR NELSON, MARILYN C**  
STREET ADDRESS **12755 ST HWY 55**  
CITY-ST-ZIP **MINNEAPOLIS MN 55441**TITLE ☐ Delete  
NAME **CEO NELSON, CURTIS**  
STREET ADDRESS **12755 HWY 55**  
CITY-ST-ZIP **MINNEAPOLIS MN 55441**TITLE ☐ Delete  
NAME **V ZAMBRENO, ROBERT**  
STREET ADDRESS **12755 HWY 55**  
CITY-ST-ZIP **MINNEAPOLIS MN 55441**TITLE ☐ Delete  
NAME **PCOO CONROY, MARK**  
STREET ADDRESS **600 CORPORATE DR #410**  
CITY-ST-ZIP **FT LAUDERDALE FL 33334**TITLE ☐ Delete  
NAME **VP HAMANN, DARREL M**  
STREET ADDRESS **12755 STATE HWY 55**  
CITY-ST-ZIP **MINNEAPOLIS MN 55441**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1405 Xenium Lane No.**  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1405 Xenium Lane No.**  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1405 Xenium Lane No.**  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1405 Xenium Lane No.**  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Darrel M. Hamann, VP - Tax 421-00 763-212-2920**

Date

Daytime Phone #

CR2E034 (9/99)