

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000973

1. Entity Name

RADISSON WORLDWIDE INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90157 010 \*\*\*150.00

Principal Place of Business

Mailing Address

600 CORPORATE DR #410  
 FT LAUDERDALE FL 33334

ATTN: TAX DEPT/P O BOX  
 MINNEAPOLIS MN 55459  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P O Box 59159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATTN: Tax Dept.

City & State

4. FEI Number **41-1853211**

Applied For  
 Not Applicable

Zip

Country

Zip  
 55459-8250

Country  
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, MARILYN C	
STREET ADDRESS	12755 HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, CURTIS	
STREET ADDRESS	12755 HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STAGE, BRIAN C	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMANN, DARREL M	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DIRACLES, JOHN M JR	
STREET ADDRESS	12755 HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZAMBRENO, ROBERT	
STREET ADDRESS	12755 HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay Witzel	
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP	Minneapolis MN 55441	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1405 Xenium Lane No.	
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:

*Darrel M. Hamann*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrel M. Hamann, VP- Tax 4-24-00 763-212-2920

Date

Daytime Phone #

CR2E034 (9/99)