2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX. 667

DOCUMENT # F9700002694

1. Entity Name

300 MAIN AVE.

Principal Place of Business

SONMAR DEVELOPMENT CORPORATION

FARGO ND 58103 JS		US					
2. Principal Place	e of Business	3. Mailing Address					
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.					
City & State		City\& State					
Zip	Country	Zip	Country				
	6. Name and Address of Ci	rrent Registered Agent	1				

FILED Mar 15, 2000 8:00 am Secretary of State

03-15-2000 90085 021 ***150.00

FARGO ND 581 US	03	US				: 1883/84 HIN : Will : WELL WILL WELL	22 :0: 22 0: 2	41 418 4 111 8 14	nit Bibl (BB)	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP	ACE		
City & State		City	City¦& State		4.	FEI Number 45-0411236		Applied For Not Applicable		
Zip	Country	Zip		Country	· 5(Certificate of Status Desired		8.75 Add e Required		
	6. Name and Address of Current F	legistere	d Agent		7. 1	Name and Address of New Reg	istered Ag	ent		
				Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Addre		ss (P.O. Box Number is Not Acceptable)					
				City	-		FL	Zip Code	e	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent at			registered office or regis			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		State	10. Election Campaign Finar Trust Fund Contribution.		Added	May Be to Fees	
11.	OFFICERS AND D	DIRECTO	98	12.	AD	ODITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
TITLE NAME . STREET ADDRESS CITY-ST-ZIP	PT OLSON, DENIS J 2850 LONGFELLOW ROAD FARGO ND	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP_	VS MARING, RUSSELL D 701 HARWOOD DRIVE -FARGO ND		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	_ Change	Addition	
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indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver perfustee emporence.	true and a	accurate and that n	ny signature shall have th	ne same	legal effect as if made under oa	th; that I am	an officer	or director	

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