

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90031 020 ***150.00

DOCUMENT # F97000002876

1. Entity Name

AD MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

101 SOUTH PHILLIPS
SUITE 102
SIOUX FALLS SD 57104

101 SOUTH PHILLIPS
SUITE 102
SIOUX FALLS SD 57104-6719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

46-0445049

Applied For

Not Applicable

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

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.

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	PS	<input checked="" type="checkbox"/> Delete
NAME	AGEE, JOHN H	
STREET ADDRESS	10350 BREN ROAD W	
CITY-ST-ZIP	MINNETONKA MN 55343-9002	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RAUENHORST, MARK	
STREET ADDRESS	10350 BREN ROAD W	
CITY-ST-ZIP	MINNETONKA MN 55343-9002	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUENHORST, HENRIETTA	
STREET ADDRESS	1300-3RD STREETS., STE 300	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUENHORST, GERALD	
STREET ADDRESS	1300-3RD STREETS., STE 300	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith P. Bednarowski	
STREET ADDRESS	10350 Bren Road W.	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luz Campa	
STREET ADDRESS	10350 Bren Road W.	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)