

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004124

1. Entity Name

LEVONE, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90084 042 ***150.00

Principal Place of Business

Mailing Address

~~10900 NICKOLS RD., 3RD FL.~~
~~GLEN ALLEN VA 23060~~

~~10900 NICKOLS RD., 3RD FL.~~
~~GLEN ALLEN VA 23060-9246~~

2. Principal Place of Business

8400 Normandale Lake Blvd

3. Mailing Address

8400 Normandale Lake Blvd

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Minneapolis, MN

City & State

Minneapolis, MN

Zip

55437

Country

USA

Zip

55437

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

24-1857422

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 32301-2525

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	CP	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, BRIAN K	
STREET ADDRESS	10900 NICKOLS RD., 3RD FL.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	K	<input checked="" type="checkbox"/> Delete
NAME	KRANZ, THOMAS R	
STREET ADDRESS	10900 NICKOLS RD., 3RD FL.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	BENEDETTI, STEPHEN J	
STREET ADDRESS	10900 NICKOLS RD., 3RD FL.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PETIT, CARRIE J	
STREET ADDRESS	10900 NICKOLS RD., 3RD FL.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached List	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

Michael J. Seats, Secretary (612) 832-7000

Date

Daytime Phone #

CR2E034 (9/99)