

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90160 026 \*\*\*150.00

**DOCUMENT # F97000004182**

1. Entity Name

**BENSON-QUINN COMPANY**

Principal Place of Business

Mailing Address

SO FOURTH AVE STE 1075  
BOX 15226  
MINNEAPOLIS MN 55415-0226TAX DEPT  
4666 FARIES PKWY  
DECATUR IL 62526-5666  
US

L0050404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

41-0146910

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

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	C	KRAFT, B D	4666 FARIES PRKWY PO BOX 1470 DECATUR IL 62526-5666	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD	BATCHELDER, L	4666 FARIES PRKWY PO BOX 1470 DECATUR IL 62526-5666	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	NEUMANN, L N	4666 FARIES PRKWY PO BOX 1470 DECATUR IL 62526-5666	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	S	SMITH, DAVID J	4666 FARIES PRKWY PO BOX 1470 DECATUR IL 62526-5666	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T	SAVRE, PAUL	301 SO FOURTH AVE STE 1075 PO BOX 15226 MINNEAPOLIS MN 55415-0226	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

D.J. Smith

04/20/2000

Date

217/424-4387

Daytime Phone #