

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90216 030 \*\*\*150.00

0650039 AT

**DOCUMENT # F97000005161**

1. Entity Name

TARGET INSURANCE AGENCY, INC.



Principal Place of Business

1000 NICOLLET MALL

TPN-0945

MINNEAPOLIS MN 55403

US

Mailing Address

1000 NICOLLET MALL

TPN-0945

MINNEAPOLIS MN 55403

US

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

41-1884437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME COY, JERRY  
STREET ADDRESS 3701 WAYZATA BLVD  
CITY-ST-ZIP MINNEAPOLIS MN 55416 ☐ Delete

TITLE VD  
NAME ROGERS, PAM  
STREET ADDRESS 1000 NICOLLET MALL  
CITY-ST-ZIP MINNEAPOLIS MN 55403 ☐ Delete

TITLE SATD  
NAME BAER, TIMOTHY R  
STREET ADDRESS 1000 NICOLLET MALL  
CITY-ST-ZIP MINNEAPOLIS MN 55403 ☐ Delete

TITLE TASD  
NAME REIF, JACK N  
STREET ADDRESS 1000 NICOLLET MALL  
CITY-ST-ZIP MINNEAPOLIS MN 55403 ☐ Delete

TITLE AV  
NAME WAITE, SHANNON D  
STREET ADDRESS 1000 NICOLLET MALL  
CITY-ST-ZIP MINNEAPOLIS MN 55403 ☐ Delete

TITLE AV  
NAME AMUNDSON, JODY J  
STREET ADDRESS 1000 NICOLLET MALL  
CITY-ST-ZIP MINNEAPOLIS MN 55403 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AVP  
NAME Shannon Waite  
STREET ADDRESS 1000 Nicollet Mall  
CITY-ST-ZIP Minneapolis, MN 55403 ☒ Change ☐ Addition

TITLE SD  
NAME Timothy R. Baer  
STREET ADDRESS 1000 Nicollet Mall  
CITY-ST-ZIP Minneapolis, MN 55403 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AVP  
NAME Susan DelBoccio  
STREET ADDRESS 22301 Foothill Blvd.  
CITY-ST-ZIP Hayward, CA 94541 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jack N. Reif*

Jack N. Reif, Treasurer

4/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)