2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 09, 2001 8:00 am Secretary of State DOCUMENT # F97000005235 RHONE, INC. 02-09-2001 90232 011 ***150.00 Principal Place of Business Mailing Address 8400 NORMANDALE LAKE BLVD 8400 NORMANDALE LAKE BLVD STE 600 STE ROO MINNEAPOLIS MN 55437 MINNEAPOLIS MN 55437 2. Principal Place of Business 3. Mailing Address One Meridian Crossings Suite, Apt. #, etc. Suite, Apt # etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1882104 Minneapolis, MN Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 55423 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME SCHUTLZ, GREGORY B NAME 8400 NORMANDALE LAKE BLVD-STE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55437 CITY-ST-ZIP **EVPD** TITLE ☐ Delete TITLE Change ☐ Addition NAME OLSON, DAVEE L NAME 8400 NORMANDALE LAKE BLVD-STE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55437 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition SEATS, MICHAEL J NAME STREET ADDRESS 8400 NORMANDALE LAKE BLVD-STE 600 STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55437 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME FLAVIN, DAVID Douglas B. Hultberg NAME STREET ADDRESS 8400 NORMANDALE LAKE BLVD-STE 600 STREET ADDRESS 8400 Normandale Laké Blvd. CITY-ST-ZIP MINNEAPOLIS MN 55437 CITY-ST-7IP <u>Minneapolis, MN 55437</u> BOD TITLE ☐ Delete TITLE X Change ☐ Addition NAME PARADIS, BRUCE J NAME Bruce J. Paradis STREET ADDRESS 8400 NORMANDALE LAKE BLVD-STE 600 STREET ADDRESS 8400 Normandale Lake Blvd. CITY-ST-7IP MINNEAPOLIS MN 55437 CITY-ST-ZIP <u> Minneapolis, MN 55437</u> TITLE ☐ Delete TITLE XI Change D ☐ Addition NAME Walker, David C NAME David C. Walker STREET ADDRESS 3031 W. GRAND BLVD #695 STREET ADDRESS 200 Renaissance Center 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 improved 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. CITY-ST-7IP

FILED

Michael J. Seats, Secretary 1/3/01 (952)832-7000

Daytime Phone #