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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006718 (7)

1. Corporation Name

THE TPA OF DELAWARE, INC.



Principal Place of Business

5995 OPUS PARKWAY, S110
MINNETONKA MN 55343

Mailing Address

5995 OPUS PARKWAY, S110
MINNETONKA MN 55343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

06-1151127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 708 EAST LAKE ST

Suite, Apt. #, etc.

22 City & State
23 WAYZATA MN

24 Zip 55391 Country U.S.

2a. Mailing Address

26 708 EAST LAKE ST

Suite, Apt. #, etc.

27 City & State
28 WAYZATA, MN

29 Zip 55391 Country U.S.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME SAGAN, WILLIAM E
STREET ADDRESS 5995 OPUS PARKWAY, S110
CITY-ST-ZIP MINNETONKA MN 55343

TITLE PS
NAME BROOK, ROBERT P
STREET ADDRESS 5995 OPUS PARKWAY, S110
CITY-ST-ZIP MINNETONKA MN 55343

TITLE V
NAME THOMPSON, ANDREW
STREET ADDRESS 2300 MAITLAND CENTER PARKWAY
CITY-ST-ZIP MAITLAND FL 32751

TITLE V
NAME DAVIS, MARK
STREET ADDRESS 7878 NORTH 16TH STREET
CITY-ST-ZIP PHOENIX AZ 85020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/24/98 612-745-4888

CR2E034 (10/97)