


AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006718					
1. Entity Name BENSIGHT, INC.					
Principal Place of Business 6160 SUMMIT DRIVE SUITE 500 BROOKLYN CENTER, MN 55430 US			Mailing Address 6160 SUMMIT DRIVE SUITE 500 BROOKLYN CENTER, MN 55430 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 06-1151127			<input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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) 100021240961 07/01/03--01042--011 **E1.25 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 _____ (NOTE: Registered Agent's 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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CDP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGAN, WILLIAM E		NAME		
STREET ADDRESS	708 EAST LAKE STREET		STREET ADDRESS		
CITY-ST-ZIP	WAYZATA, MN 55391		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOK, ROBERT P		NAME		
STREET ADDRESS	708 EAST LAKE STREET		STREET ADDRESS		
CITY-ST-ZIP	WAYZATA, MN 55391		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ANDREW M		NAME	Thompson, Andrew M.	
STREET ADDRESS	2500 MAITLAND CTR PKWY STE 100		STREET ADDRESS	600 Colonial Center Parkway	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MARK		NAME	Sjoberg, Jeffrey J.	
STREET ADDRESS	7878 N 16TH STREET STE 140		STREET ADDRESS	6160 Summit Drive, Suite 500	
CITY-ST-ZIP	PHOENIX, AZ 85020		CITY-ST-ZIP	Brooklyn Center, MN 55430	
TITLE	CAS	<input checked="" type="checkbox"/> Delete	TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUENHAGEN, JON		NAME	Owens, Sandy	
STREET ADDRESS	6160 SUMMIT DR STE 360		STREET ADDRESS	317 North Main Street	
CITY-ST-ZIP	BROOKLYN CENTER, MN 55430		CITY-ST-ZIP	Pueblo, CO 81003	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, SHANE R		NAME		
STREET ADDRESS	6160 SUMMIT DRIVE STE 500		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55430		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.					
SIGNATURE: _____, Shane R. Kelley 6/30/03 (763) 549-3301					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)

7/1/03



June 30, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Via Airborne Express

RE: Benesight, Inc., Document #F97000006718
Amended 2003 for Profit Corporation Uniform Business Report (UBR)

Dear Division of Corporations:

It has come to our attention that the officers and director of our corporation are not properly listed on your website. Upon review of the last Uniform Business Report that we submitted, which was the 2003 report, it was discovered that we inadvertently did not check the "Delete" box for our former officers and directors.

To correct our officer and director listing, please find enclosed an Amended 2003 For Profit Corporation Uniform Business Report along with Check No. 011994 in the amount of \$61.25.

If you require anything additional to update our officer and director listing or have any questions, please contact me at (763) 549-3301.

Sincerely,

A handwritten signature in black ink that reads "Joanne Villa".

Joanne Villa
Licensing Administrator

Enclosures

www.benesight.com

6160 Summit Drive
Suite 500
Brooklyn Center, MN 55430
763.549.3301 f 763.585.7178