

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90002 023 ***150.00

DOCUMENT # F97000006890

1. Entity Name
ADAMS, COOPER AND MARKS, INC.

P

Principal Place of Business Mailing Address
444 EAST HIGHWAY 96 ~~444 EAST HIGHWAY 96~~
SAINT PAUL MN 55164-0444 ~~SAINT PAUL MN 55164-0444~~
7280 West Palmetto Park Road
Boca Raton, FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 110
 City & State City & State
Boca Raton, FL 33433
 Zip Country Zip Country
33433 **USA**

4. FEI Number **41-1894370** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

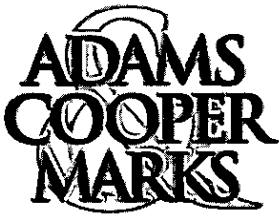
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHEIBER, PAT 444 EAST HIGHWAY 96 SAINT PAUL MN 55164-0444 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELTON, ELIZABETH 444 EAST HIGHWAY 96 SAINT PAUL MN 55164-0444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, JOHN 444 EAST HIGHWAY 96 SAINT PAUL MN 55164-0444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kenneth Rapp 444 East Highway 96 St. Paul, MN 55164-0444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barbara Erickson 444 East Highway 96 St. Paul, MN 55164-0444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kurt Heinbigner 444 East Highway 96 St. Paul, MN 55164-0444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Elizabeth Melton* 8/28/00 651-481-6409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)



TELEPHONE: (561) 368-9300
TOLL FREE: (800) 932-3328
FACSIMILE: (800) 683-5633

Attachment doc #
F9700 800 6890
DW83425
P.O. Box 3000
BOCA RATON, FLORIDA 33431-0900

August 7, 2000

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document #F97000006890
ADAMS, COOPER AND MARKS, INC.
FEI Number: 41-1894370

To Whom It May Concern:

Adams, Cooper and Marks is in receipt of the Second Notice of the 2000 Uniform Business Report.

Upon receipt of the Second Notice, Paul Eisenberg of Adams, Cooper and Marks immediately contacted the Florida Division of Corporations to notify them that original notice was sent to our home office in Minnesota, however, as there was no contact person on the notice, we do not know who may have received the original Notice. Mr. Eisenberg explained that our business, located in Boca Raton handles the filing of this report. As we did not receive the initial report none was filed.

The Second Notice states that there is a substantial additional fee which may be due. Mr. Eisenberg asked in consideration of the above, if Adams, Cooper and Marks could have this fee waived. He was instructed to send a check for the original filing fee in the amount of \$150, along with a change to the mailing address as follows:

7280 W. Palmetto Park Road, Suite 110
Boca Raton, Florida 33433

I thank you kindly for your cooperation in this matter. Should you have any questions or need further information, please contact Paul Eisenberg, Chief Financial Officer or Cindy Conrow, Divisional Controller at (800) 932-3328.

Sincerely,

ADAMS, COOPER & MARKS

Cindy Conrow
Divisional Controller



Closures



AN I.C. SYSTEM COMPANY