

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90014 016 \*\*\*150.00

**DOCUMENT # F97000006905**

1. Entity Name

**ALFRED C. TOEPFER INTERNATIONAL, INC.**

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 8300 NORMAN CENTER DRIVE, SUITE 1180 8300 NORMAN CENTER DRIVE, SUITE 1180  
 BLOOMINGTON MN 55437 BLOOMINGTON MN 55437

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 **13-5557875** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FADER, JANICE**  
**6101 PORT TAMPA DRIVE**  
**TAMPA FL 33616**

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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
STREET ADDRESS	8300 NORMAN CENTER DRIVE, SUITE 1180	
CITY-ST-ZIP	BLOOMINGTON MN 55437	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	8300 NORMAN CENTER DRIVE, SUITE 1180	
CITY-ST-ZIP	BLOOMINGTON MN 55437	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 106120 FERDINANDSTRASSE 5	
CITY-ST-ZIP	20095 HAMBURG 1, GERMANY	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Jean-Denis Hinkel 2/3/2000 (612)835-9100

CR2E034 (9/99)