

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90142 005 ***158.75

DOCUMENT # F98000000513

1. Entity Name
THE NORTHLAND GROUP, INC.



Principal Place of Business
7831 GLENROY RD., #350
EDINA MN 55439

Mailing Address
7831 GLENROY RD., #350
EDINA MN 55439



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **41-1420282**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent 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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS BLACK, LANCE T 6378 COUNTRY RD EDEN PRAIRIE MN 55346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JOHN M 19476 TOWERING OAKS TR PRIOR LAKE MN 55372	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWENSON, JODI 13325 PARKWOOD DR. #1 BURNSVILLE MN 55337	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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 like empowered.

SIGNATURE: [Signature] Date: 3/06/03 Daytime Phone #: 952-831-4005

CR2E034 (10/02)

Attachment
F98000000513

90061546

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate and Consumer Services
PO Box 7846
Madison, WI 53707-7846

FOREIGN DESK
(608) 267-3218

THE ENCLOSED REPORT has been examined and found to be incomplete or defective in some respect. As it cannot be accepted in its present condition, the report is returned for your adjustment. Any fee submitted with this report has been credited to the corporation for this filing. The report is not "filed" until examined and accepted by the Department, and all fees have been paid. To put this report in good order, take the following action:

COMPLETE OR CORRECT THE FOLLOWING ITEMS ON THE REPORT

- _____ ITEM 3 – Enter the complete address of the corporation’s principal office address, including street, number, city, state and zip code.
- _____ ITEM 6 – Provide a brief description of the nature of business conducted.
- _____ ITEM 7 – Provide the names and complete business addresses of the principal OFFICERS and all DIRECTORS. If there are no directors, state "NONE."
- _____ ITEM 8 – The report must be signed and dated by an officer of the corporation.
- _____ ITEM 9 – Provide the number of shares of stock authorized and issued and the par value per share.
- _____ ITEM 10 – Complete lines a – p.
- _____ ITEM 11 – This item must be completed to compute the value of issued shares of PAR VALUE STOCK. Line 11(a) should equal the value of issued shares as listed in Item 9.
- _____ ITEM 12 – This item must be completed to compute the value of issued shares of NO PAR VALUE STOCK.

X **COMPUTATION OF FEE – 10(p)**

Additional fee is due because of increase in capital representation in state.

Fee is \$2:00 per \$1,000, or any part thereof, of the increase.

Increase:	\$	0.50	\$	0.50
Plus FILING FEE as stated on annual report form.			\$	80.50
			TOTAL FEE	\$ 80.50
			AMOUNT PAID	\$ 0.00
			TOTAL AMOUNT DUE	\$ 80.50

_____ You have indicated a change in the corporation’s registered agent and/or office address by lining out the information on the annual report form. The corporation must file the enclosed Form 13 "Change of Registered Agent and/or Office" to accomplish this change. Please note that the filing of the Form 13 requires a fee of \$10.00, which is a separate fee from the annual report fee.

PLEASE RETURN YOUR CORRECTED REPORT WITHOUT DELAY