

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001533

1. Entity Name

LENDSOURCE, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90010 010 ***150.00

Principal Place of Business

Mailing Address

566 PRAIRIE CENTER DR
#201
EDEN PRAIRIE MN 55344
US

566 PRAIRIE CENTER DR
#201
EDEN PRAIRIE MN 55344-7917
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5125 County Rd. 101
Suite, Apt. #, etc.
Suite 200

5125 County Rd. 101
Suite, Apt. #, etc.
Suite 200

City & State

City & State

Minnetonka, MN
Zip
55345 Country
USA

Minnetonka, MN
Zip
55345 Country
USA

4. FEI Number

41-1810165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME KINZIE, KEVIN M
STREET ADDRESS 930 SMITHTOWN TERRACE
CITY-ST-ZIP EXCELSIOR MN

TITLE Director ☐ Change ☒ Addition
NAME John Kerby II
STREET ADDRESS Two Ravinia Dr., Suite 1600
CITY-ST-ZIP Atlanta, GA 30346

TITLE VD ☐ Delete
NAME MARKEE, DANIEL A
STREET ADDRESS 5405 LONDONDERRY ROAD
CITY-ST-ZIP EDINA MN

TITLE Senior Vice Pres./Secretary/Treas. ☒ Change ☐ Addition
NAME Daniel Markee
STREET ADDRESS 5405 Londonderry Road
CITY-ST-ZIP Edina, MN

TITLE STD ☒ Delete
NAME KINZIE, KAREN
STREET ADDRESS 930 SMITHTOWN TERRACE
CITY-ST-ZIP EXCELSIOR MN

TITLE Director ☐ Change ☒ Addition
NAME J. William Richardson
STREET ADDRESS 3323 Ponoka Rd.
CITY-ST-ZIP Pittsburgh, PA 15241

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Robert Snejwas
STREET ADDRESS 111 S.W. 5th Ave., Ste. 1000, 10th Floor
CITY-ST-ZIP Portland, OR 97204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

NOTARIZATION REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kevin Kinzie

1/27/00

(612) 906-2190
Date Daytime Phone #

CR2E034 (9/99)