

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003758

1. Entity Name

HTW INVESTMENT PARTNERS, INC.

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90005 004 \*\*\*550.00

Principal Place of Business

527 MARQUETTE AVE  
STE 1000  
MINNEAPOLIS MN 55402

Mailing Address

527 MARQUETTE AVE  
STE 1000  
MINNEAPOLIS MN 55402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 41-1773350

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HAUSER, RICHARD  
STREET ADDRESS 527 MARQUETTE AVE., SUITE 100  
CITY-ST-ZIP MINNEAPOLIS MN 55402

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

TITLE VD ☐ Delete  
NAME WOZNAK, DANIEL D JR.  
STREET ADDRESS 527 MARQUETTE AVE., SUITE 100  
CITY-ST-ZIP MINNEAPOLIS MN 55402

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

TITLE VSD ☐ Delete  
NAME TRAUTZ, JOHN C  
STREET ADDRESS 527 MARQUETTE AVE., SUITE 100  
CITY-ST-ZIP MINNEAPOLIS MN 55402

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

TITLE VD ☐ Delete  
NAME DRIESSEN, VINCENT J  
STREET ADDRESS 527 MARQUETTE AVE., SUITE 100  
CITY-ST-ZIP MINNEAPOLIS MN 55402

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

TITLE AS ☐ Delete  
NAME MARTIN, KATHLEEN M  
STREET ADDRESS 901 MARQUETTE AVE. #1500  
CITY-ST-ZIP MINNEAPOLIS MN 55402

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

TITLE AS ☐ Delete  
NAME BAZELLA, CARRIE L  
STREET ADDRESS 901 MARQUETTE AVE. #1500  
CITY-ST-ZIP MINNEAPOLIS MN 55402

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00

Date

617-338-1000

Daytime Phone #

CR2E034 (5/00)