

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004633

1. Entity Name

BORN INFORMATION SERVICES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90384 008 ***150.00

Principal Place of Business

Mailing Address

294 EAST GROVE LANE, SUITE 100
WAYZATA MN 55391

294 EAST GROVE LANE, SUITE 100
WAYZATA MN 55391

2. Principal Place of Business

301 Carlson Parkway

Suite, Apt. #, etc.

3. Mailing Address

301 Carlson Parkway

Suite, Apt. #, etc.

City & State

Minnetonka, MN

City & State

Minnetonka, MN

Zip

55305

Country

USA

Zip

55305

Country

USA

4. FEI Number

41-1674083

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, 2001 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 PC ☐ Delete
NAME BORN, RICHARD A
STREET ADDRESS 294 EAST GROVE LANE, SUITE 100
CITY-ST-ZIP WAYZATA MN 55391

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 301 Carlson Parkway
CITY-ST-ZIP Minnetonka, MN 55305

TITLE T ☐ Delete
NAME HOLMGREN, DALE R
STREET ADDRESS 294 EAST GROVE LANE, SUITE 100
CITY-ST-ZIP WAYZATA MN 55391

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 301 Carlson Parkway
CITY-ST-ZIP Minnetonka, MN 55305

TITLE ST ☐ Delete
NAME BERG, DON
STREET ADDRESS 294 EAST GROVE LANE, SUITE 100
CITY-ST-ZIP WAYZATA MN 55391

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 301 Carlson Parkway
CITY-ST-ZIP Minnetonka, MN 55305

TITLE D ☐ Delete
NAME MORIN, TOM
STREET ADDRESS 294 EAST GROVE LANE, SUITE 100
CITY-ST-ZIP WAYZATA MN 55391

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 301 Carlson Parkway
CITY-ST-ZIP Minnetonka, MN 55305

TITLE D ☐ Delete
NAME DEWING, MERLIN
STREET ADDRESS 294 EAST GROVE LANE, SUITE 100
CITY-ST-ZIP WAYZATA MN 55391

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 301 Carlson Parkway
CITY-ST-ZIP Minnetonka, MN 55305

TITLE D ☐ Delete
NAME SCHWOLBACH, JERRY
STREET ADDRESS 294 EAST GROVE LANE, SUITE 100
CITY-ST-ZIP WAYZATA MN 55391

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 301 Carlson Parkway
CITY-ST-ZIP Minnetonka, MN 55305

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 952-258-7913

CR2E034 (10/00)