

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90117 047 ***150.00

DOCUMENT # F98000006010

1. Entity Name

THESEUS LOGIC, INC.

Principal Place of Business

Mailing Address

2177 YOUNGMAN AVE., SUITE 300
ST. PAUL MN 55116

2177 YOUNGMAN AVE., SUITE 300
ST. PAUL MN 55116-3042

2. Principal Place of Business

3. Mailing Address

3501 Quadrangle Blvd
Suite, Apt. #, etc.
100

3501 Quadrangle Blvd
Suite, Apt. #, etc.
100

City & State

Orlando FL

City & State

Orlando FL

Zip

32817

Country

USA

Zip

32817

Country

USA

6. Name and Address of Current Registered Agent

WAGNER, KENNETH M
101 SOUTHILL LANE, SUITE 150
MATLAND FL 32751

7. Name and Address of New Registered Agent

Name **Michael H. Craff**
Street Address (P.O. Box Number is Not Acceptable)
3501 Quadrangle Blvd
Suite 100
City **Orlando, FL** FL Zip Code **32817**

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

Michael H. Craff
Signature, typed or printed name of registered agent and title if applicable.

CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	BUFFA, MICHAEL G	101 SOUTHILL LANE SUITE 150	MATLAND FL 32751	<input type="checkbox"/>
EVD	WAGNER, KENNETH M	101 SOUTHILL LANE SUITE 150	MATLAND FL 32751	<input type="checkbox"/>
D	DYKES, JAMES E	13365 N.E. 226 AVENUE ROAD	FORT MCCOY FL 32134	<input type="checkbox"/>
D	ALTERMAN, STANLEY	19 APACHE ROAD	WAYNE NJ 07470	<input checked="" type="checkbox"/>
S	SMITH, STEPHEN E	3500 FIFTH STREET TOWERS, 150 S. 5TH ST	MINNEAPOLIS MN 55402	<input checked="" type="checkbox"/>
DCFO	FANT, KARL M	2177 YOUNGMAN AVE., SUITE 300	ST. PAUL MN 55116	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Michael H. Craff	3501 Quadrangle Blvd Suite 100	Orlando, FL 32817	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Roger Heinisch	22620 Olinda Trail	Scandia MN 55073	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Craig Yudeal	3501 Quadrangle Blvd Suite 100	Orlando, FL 32817	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OS	Bill Gamm	201 E Pine St	Orlando, FL 32802	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

5-1-00

Date

Daytime Phone #

407.380.9008

CR2E034 (9/99)