

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000209

1. Entity Name

POLARIS SALES & SERVICE INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90060 018 ***150.00

Principal Place of Business

Mailing Address

1225 HIGHWAY 169 NORTH
PLYMOUTH MN 55441

1225 HIGHWAY 169 NORTH
PLYMOUTH MN 55441-5007

2. Principal Place of Business

2100 Highway 55 West

3. Mailing Address

P.O. Box 47100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medina, MN

City & State

Plymouth, MN

4. FEI Number

41-1921490

Applied For

Not Applicable

Zip

55340

Country

USA

Zip

55447

Country

USA

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 -

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 ☐ Delete
NAME DPCF
STREET ADDRESS TILLER, THOMAS C
CITY-ST-ZIP 1225 HIGHWAY 169 NORTH
PLYMOUTH MN 55441

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 Highway 55 West
CITY-ST-ZIP Medina, MN 55340

TITLE ☐ Delete
NAME DCFO
STREET ADDRESS MALONE, MICHAEL W
CITY-ST-ZIP 1225 HIGHWAY 169 NORTH
PLYMOUTH MN 55441

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 Highway 55 West
CITY-ST-ZIP Medina, MN 55340

TITLE ☐ Delete
NAME V
STREET ADDRESS SKOMOROH, ED
CITY-ST-ZIP 1225 HIGHWAY 169 NORTH
PLYMOUTH MN 55441

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 Highway 55 West
CITY-ST-ZIP Medina, MN 55340

TITLE ☐ Delete
NAME DV
STREET ADDRESS RUSCHHAUPT, THOMAS H
CITY-ST-ZIP 1225 HIGHWAY 169 NORTH
PLYMOUTH MN 55441

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 Highway 55 West
CITY-ST-ZIP Medina, MN 55340

TITLE ☐ Delete
NAME D
STREET ADDRESS TILLER, THOMAS C
CITY-ST-ZIP 1225 HIGHWAY 169 NORTH
PLYMOUTH MN 55441

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 Highway 55 West
CITY-ST-ZIP Medina, MN 55340

TITLE ☐ Delete
NAME D
STREET ADDRESS MALONE, MICHAEL W
CITY-ST-ZIP 1225 HIGHWAY 169 NORTH
PLYMOUTH MN 55441

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 Highway 55 West
CITY-ST-ZIP Medina, MN 55340

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:

Michael Malone Michael Malone

2-1-2000

612-542-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #