

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000244

Entity Name: UNIPRISE, INC.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

450 COLUMBUS BLVD.
CT030-15NB
HARTFORD, CT 06103

New Principal Place of Business:

Current Mailing Address:

450 COLUMBUS BLVD.
CT030-15NB
HARTFORD, CT 06103

New Mailing Address:

FEI Number: 41-1921009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BAHL, TRACY
Address: 450 COLUMBUS BLVD.
City-St-Zip: HARTFORD, CT 061150450

Title: D () Delete
Name: HEMSLEY, STEPHEN J
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: TCFO () Delete
Name: TRAN, THOMAS
Address: 450 COLUMBUS BLVD
City-St-Zip: HARTFORD, CT 06103

Title: S () Delete
Name: BURKE, FORREST
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: AT () Delete
Name: OBERENDER, ROBERT
Address: 9900 BREN RD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: AS () Delete
Name: MOONEY, MICHAEL
Address: 450 COLUMBUS BLVD.
City-St-Zip: HARTFORD, CT 06103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BURKE, FORREST
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MOONEY

AS

04/11/2007

Electronic Signature of Signing Officer or Director

Date