

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000000340**

1. Entity Name

**SPECIALTY RESOURCE SERVICES, INC.****FILED****Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90091 041 \*\*\*150.00

**A0011360**

DO NOT WRITE IN THIS SPACE

<b>Principal Place of Business</b> 300 OPUS CENTER. (MN008-T202) 9900 BREN ROAD EAST MINNETONKA MN 55343		<b>Mailing Address</b> 300 OPUS CENTER. (MN008-T202) 9900 BREN ROAD EAST MINNETONKA MN 55343	
<b>2. Principal Place of Business</b> UnitedHealth Group Center MN008-T410 Suite, Apt. #, etc. 9900 Bren Road East City & State Minnetonka, MN Zip 55343 Country USA		<b>3. Mailing Address</b> UnitedHealth Group Center MN008-T410 Suite, Apt. #, etc. 9900 Bren Road East City & State Minnetonka, MN Zip 55343 Country USA	
<b>4. FEI Number</b> 41-1925903		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete COLBY, RONALD B 300 OPUS CENTER, (MN008-T202) MINNETONKA MN 55343	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Colby, Ronald B. UnitedHealth Group Center, 9900 Bren Road East Minnetonka, MN 55343
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete HEMSLEY, STEPHEN J 300 OPUS CENTER, (MN008-T202) MINNETONKA MN 55343	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <input type="checkbox"/> Delete MCLEAN, DAVID J 6300 OLSON MEMORIAL HIGHWAY (MN010-S267) GOLDEN VALLEY MN 55427	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete VERSEN, ROBERT J 6300 OLSON MEMORIAL HIGHWAY (MN010-S267) GOLDEN VALLEY MN 55427	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <input type="checkbox"/> Delete WEISS, ALLAN J 5901 LINCOLN DR. (MN012-N221) EDINA MN 55436-1611	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete RYAN, TIMOTHY F 300 OPUS CENTER, (MN008-T202) MINNETONKA MN 55343	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ryan, Timothy F. UnitedHealth Group Center, 9900 Bren Road East Minnetonka, MN 55343
<b>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.</b>			
<b>SIGNATURE:</b>		Timothy F. Ryan, Secretary January 11, 2001 952-936-1839	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)