

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90212 027 ***150.00

DOCUMENT # **F99000000340**

1. Entity Name

Specialty Resource Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9900 Bren Road East

Suite, Apt. #, etc.

MN008-T410

3. Mailing Address

9900 Bren Road East

Suite, Apt. #, etc.

MN008-T410

DO NOT WRITE IN THIS SPACE

City & State

Minnetonka, MN

City & State

Minnetonka, MN

4. FEI Number

41-1925903

Applied For

Not Applicable

Zip

55343

Country

USA

Zip

55343

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
Director	Ronald B. Colby	9900 Bren Road East	Minnetonka, MN 55343
President, Chief Executive Officer	David J. McLean	6300 Olson Memorial Highway	Golden Valley, MN 55427
Secretary	Timothy F. Ryan	9900 Bren Road East	Minnetonka, Mn 55343
Treasurer	Robert J. Versen	6300 Olson Memorial Highway	Golden Valley, MN 55427
Assistant Secretary	Allan J. Weiss	9900 Bren Road East	Minnetonka, MN 55343

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other officers empowered.

SIGNATURE:

Timothy F. Ryan, Secretary

4/29/02

(952) 936-1839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)