

FILED  
May 06, 2003 8:00 am  
Secretary of State

05-06-2003 90054 031 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000000340

1. Entry Name  
SPECIALTY RESOURCE SERVICES, INC.



80114868

Principal Place of Business  
9900 BREN ROAD EAST  
MN 008-T410  
MINNETONKA, MN 55343

Mailing Address  
9900 BREN ROAD EAST  
MN 008-T410  
MINNETONKA, MN 55343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
41-1925903

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when submitting.)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME COLBY, RONALD B  
STREET ADDRESS 9900 BREN ROAD EAST (MN008-T410)  
CITY-ST-ZIP MINNETONKA, MN 55343

TITLE AS ☒ Delete  
NAME HEMSLEY, STEPHEN J  
STREET ADDRESS 300 OPUS CENTER, (MN008-T202)  
CITY-ST-ZIP MINNETONKA, MN 55343

TITLE PCEO ☒ Delete  
NAME MCLEAN, DAVID J  
STREET ADDRESS 6300 OLSON MEMORIAL HIGHWAY (MN010-S267)  
CITY-ST-ZIP GOLDEN VALLEY, MN 55427

TITLE T ☐ Delete  
NAME VERSEN, ROBERT J  
STREET ADDRESS 6300 OLSON MEMORIAL HIGHWAY (MN010-S267)  
CITY-ST-ZIP GOLDEN VALLEY, MN 55427

TITLE AS ☐ Delete  
NAME WEISS, ALLAN J  
STREET ADDRESS 5901 LINCOLN DR. (MN012-N221)  
CITY-ST-ZIP EDINA, MN 554381611

TITLE S ☐ Delete  
NAME RYAN, TIMOTHY F  
STREET ADDRESS 9900 BREN ROAD EAST (MN008-T410)  
CITY-ST-ZIP MINNETONKA, MN 55343

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition  
NAME Robert T. Webb  
STREET ADDRESS 6300 Olson Memorial Hwy.  
CITY-ST-ZIP Golden Valley, MN 55427

TITLE AS ☐ Change ☒ Addition  
NAME Brent L. Davis  
STREET ADDRESS 6300 Olson Memorial Hwy.  
CITY-ST-ZIP Golden Valley, MN 55427

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy F. Ryan

4/29/03 (952)936-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)