

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000696

1. Entity Name

GTI ACQUISITION CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90400 006 ***150.00

Principal Place of Business

Mailing Address

7615 GOLDEN TRIANGLE DRIVE
SUITE G
EDEN PRAIRIE MN 55344

7615 GOLDEN TRIANGLE DRIVE
SUITE G
EDEN PRAIRIE MN 55344-3733

2. Principal Place of Business

6698 Shady Oak Road
Suite, Apt. #, etc.

3. Mailing Address

6698 Shady Oak Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Eden Prairie MN

Zip

55344

Country

USA

City & State

Eden Prairie MN

Zip

55344

Country

USA

41-

FEI Number 1928768

APPLIED FOR

Applied For

Not Applicable

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD APPELHOF, GREGORY 7615 GOLDEN TRAINGLE DR., STE G EDEN PRAIRIE MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARVATINE, JOHN L 7615 GOLDEN TRAINGLE DR., STE G EDEN PRAIRIE MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISRAEL, KENNETH M 7615 GOLDEN TRAINGLE DR., STE G EDEN PRAIRIE MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6698 Shady Oak Road
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6698 Shady Oak Road
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Harvatine

Date

Daytime Phone #

(612) 259-4712

CR2E034 (9/99)