

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001276

1. Entity Name

PRIMENET MARKETING SERVICES, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90070 029 \*\*\*150.00

Principal Place of Business

Mailing Address

2250 PILOT KNOB RD  
ST PAUL MN 55120-0800

PO BOX 21000  
ST PAUL MN 55120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-1567520**

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

DEPIES, DANIEL J  
2100 PALMETTO ST, SUITE A  
CLEARWATER FL 33765

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 ☐ Delete

NAME C  
SMITH, STEVEN J  
STREET ADDRESS 333 WEST ST  
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE ☐ Delete

NAME VC  
KIEL, DOUGLAS G  
STREET ADDRESS 333 WEST ST  
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE ☐ Delete

NAME PD  
KEEFE, MARK J  
STREET ADDRESS 2250 PILOT KNOB RD  
CITY-ST-ZIP ST PAUL MN 55120-0800

TITLE ☐ Delete

NAME V  
DEPIES, DANIEL J  
STREET ADDRESS 2100 PALMETTO ST, SUITE A  
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ Delete

NAME S  
KRITZER, PAUL E  
STREET ADDRESS 333 W. STATE ST  
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE ☐ Delete

NAME T  
ANDERSON, SAMUEL R  
STREET ADDRESS 2250 PILOT KNOB RD  
CITY-ST-ZIP ST PAUL MN 55120-0800

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Sam R. Anderson

2/18/00

Date

(651) 405-4041

Daytime Phone #

CR2E034 (9/99)