

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90306 014 ***150.00

DOCUMENT # F99000001387
Entity Name
VAUGHN COMMUNICATIONS, INC.

Principal Place of Business
WEST 78TH STREET
MINNEAPOLIS MN 55435

Mailing Address
5050 WEST 78TH STREET
MINNEAPOLIS MN 55435-5411

80095328



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.
15 Gilpin Avenue
City & State
Hauppauge NY
Zip
11788 Country
US

3. Mailing Address
Suite, Apt. #, etc.
15 Gilpin Avenue
City & State
Hauppauge NY
Zip
11788 Country
US

4. FEI Number
41-1934551

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 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	P	<input checked="" type="checkbox"/> Delete	TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAPEAU, DONALD J		NAME	Richard Schneider	
STREET ADDRESS	5050 WEST 78TH STREET		STREET ADDRESS	15 Gilpin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN		CITY-ST-ZIP	Hauppauge, NY 11788	
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLETTE, E D		NAME	Willelte, E D	
STREET ADDRESS	5050 WEST 78TH STREET		STREET ADDRESS	15 Gilpin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN		CITY-ST-ZIP	Hauppauge, NY 11788	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, EMILY M		NAME	Hill, Emily M	
STREET ADDRESS	5050 WEST 78TH STREET		STREET ADDRESS	15 Gilpin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN		CITY-ST-ZIP	Hauppauge, NY 11788	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINHART, M C		NAME	Douglas G. McDonald	
STREET ADDRESS	5050 WEST 78TH STREET		STREET ADDRESS	15 Gilpin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN		CITY-ST-ZIP	Hauppauge, NY 11788	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGINI, JOHN K		NAME		
STREET ADDRESS	5050 WEST 78TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHET, IAN D		NAME	Highet, Ian D	
STREET ADDRESS	5050 WEST 78TH STREET		STREET ADDRESS	15 Gilpin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN		CITY-ST-ZIP	Hauppauge, NY 11788	

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: DOUGLAS MCDONALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

(631) 232-2323
Daytime Phone #

CR2E034 (9/99)