## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9900001528 1. Entity Name METRIS DIRECT, INC. Principal Place of Business Mailing Address 600 SOUTH HIGHWAY 169 SHITE 1800 600 SOUTH HIGHWAY 169, SUITE 1800

## Feb 13, 2001 8:00 am Secretary of State 02-13-2001 90580 018 \*\*\*150.00

| Surface Appl. # etc.   |  | OUIS PARK MN 55426 ST. LOUIS PARK MN 55426   |                                     |  |  | ]<br>31  | 0020732                     | 14 <b>00</b> 1 3091 1 <b>30</b> 1 |  |
|--|--|--|-------------------------------------|--|--|--|-----------------------------|-----------------------------------|--|
| Annie and Address of Current Registered Agent   S. Certificate of Status Desired   S. 75 Additional Fee Fingulated   S. 75 Additional Fee Fi   | 10900  | 10900 Wayzata Blyd. 10900 Wayzata  |                                     |  | Blvd.  | DO NOT WR  | ITE IN THIS SPACE           |                                   |  |
| Section   Sect   |  |  |                                     |  |  |  | 4                           | <del></del>                       |  |
| 6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  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  Synthes yield to pend name of registered agent and this is syntham.  (NOTE Registered Agent Agent agent and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Synthes yield to pend name of registered agent and this is syntham.  (NOTE Registered Agent Agent agent and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Synthes yield to pend name of registered agent of the syntham.  (NOTE Registered Agent)  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  Intel POED  THE POED   | Zip Country  |  | Zip Countr                          |  | <u> </u>   |  |                             | dditional                         |  |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  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, shoel or presed name of registered agent and 19th 4 septration.  9. This corporation is eligible to satisfy its Intang ble Tax himing requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$500.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$500.00  After MAY 1, 2001 Fee will be \$500.00  After MAY 1, |  |  |                                     |  | 7. Name and Address of New Registered Agent        |  |                             |                                   |  |
| 1201 HAYS STREET TALLAHASSEE FL 32301-2525  City FL   Zip Code  Ci   | e 50 x + 2 + 2   | بالمنطان للاستحادات فاستمناه المالي وأستحييه كيجاء   |                                     | \  | lame   | سانيد ردن به رياساني درجي هاستان ده است  | والمروار المتحجوب الطاعاتات | <del></del>  . <i>.</i>           |  |
| TALLAHASSEE FL 32301-2525  City FL   Zip Code  6. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida.  SIGNATURE  Signature, legislate of purposed name of regislate and after a supficiality.  9. This corporation is eligible to satisfy its Intang ble Tax filling regislatement and elects to do so. (Soc criteria on back)  OFFICERS AND DIRECTORS  TAX Filling regislatered eigent, or both, in the State of Florida.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  TITLE  PCEO  TRUE PCEO  TITLE  EVD  OR SUTH HIGHWAY 169, SUITE 1800  ONLY 51-2P  MINNEAPOUS MN 55428  TITLE  EVD  MINNEAPOUS MN 55428  TITLE  EVD  MINNEAPOUS MS SESSELINK, DAVID D  SIRRET ADDRESS  ONLY 51-2P  MINNEAPOUS MS 55428  TITLE  EVD  MINNEAPOUS MS 55428  TITLE  EVC  MOCOY, DOUGLAS B  SIRRET ADDRESS  SOS EAST GREENWAY PARKWAY  STREET ADDRESS                                       | I control of the cont |  |                                     | S  | Street Address (P.O. Box Number is Not Acceptable) |  |                             |                                   |  |
| 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  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.    Signature   Signature symbol period name of registered requirement and elects to do so.   Signature symbol period name of registered requirement and elects to do so.   Signature symbol period name of registered agent, or both, in the State of Florida.    Post   |  |  |                                     | <u>                                     </u> |  |  |                             |                                   |  |
| 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   | IALL   | AHASSEE FL 32301-2525  |                                     |  |  |  |                             | į                                 |  |
| 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    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered agent, or both, in the State of Florida.    Signalum, typed or preiod name of registered office or registered office or registered agent, or both in section.    Signalum, typed or preiod name of registered office or application.    Signalum typed or preiod name of registered office or application.    Signalum typed or preiod name of registered office or application.    Signalum typed or preiod name of registered office or application.    Signalum typed or preiod name of registered office or application.    Signalum typed or preiod name of registered of the preiod or preiod or preiod or preiod or preiod of the preiod  |  | •  |                                     |  | City   |  | Zip Cc                      | ode                               |  |
| 9. This corporation is eligible to satisfy its Intanglible Tax filing requirement and elects to do so.  (See criteria on back)    TILE   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    TITLE   POED   TITLE   DOED   TITLE   DO   |  |  |                                     |  |  |  |                             |                                   |  |
| 9. This corporation is eligible to satisfy its Intanglible Tax filing requirement and elects to do so.  (See criteria on back)    TILE   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    TITLE   POED   TITLE   DOED   TITLE   DO   | •  | į  | •                                   |  |  |  |                             | }                                 |  |
| 9. This corporation is eligible to salisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11  TITLE  NAME  ZEBECK, RONALD N  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  MINNEAPOLIS MN 55426  TITLE  VEYC  MAME  BARCLIFT, Z J  SOUTH HIGHWAY 169, SUITE 1800  MINNEAPOLIS MN 55426  TITLE  EV  MINNEAPOLIS MN 55426  TITLE  EV  MINNEAPOLIS MN 55426  TITLE  EV  Delete  TITLE  NAME  STREET ADDRESS  ST   | SIGNATURE  | Signature, typed or printed name of registered agent an  | d title if applicable. (NOTE:       | Registered Age                               | ent signature required                             | when reinstating)  | DATE                        |                                   |  |
| Tax filing requirement and elects to do so.    After MAY 1, 2001   Fee will be \$550.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees   |  |  |                                     |  |  |  |                             |                                   |  |
| Make Check Payable to Department of State  |  |  |                                     |  | *  | , ,  | · _ ••                      |                                   |  |
| TITLE PCEO   | _ 1  |  |                                     |  |  | Trust Fund Contribution  | on.                         | ed to Fees                        |  |
| ZEBECK, RONALD N   STREET ADDRESS   SOUTH HIGHWAY 169, SUITE 1800   Delete   Delet   | 11.  | OFFICERS AND D   | DIRECTORS .                         | 12.  | <u> </u>   | ADDITIONS/CHANGES TO OFF   | FICERS AND DIRECTO          | RS IN 11                          |  |
| TITLE EVD   Delete   TITLE   DVC   Change   Addition   EVD   Delete   TITLE   DVC   Change   Addition   EVD   Delete   TITLE   DVC   Change   Addition   EVD   Delete   TITLE   DVC  | TITLE  | I to to the contract of the co | ☐ Delete                            | TITLE  | DCE  | 0  | Change                      | ☐ Addition                        |  |
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| CITY-ST-ZIP MINNEAPOLIS MN 55426  CITY-ST-ZIP MCCOY, DOUGLAS B  STREET ADDRESS  CITY-ST-ZIP  MCCOY, DOUGLAS B  STREET ADDRESS  CITY-ST-ZIP  MCCOY, DOUGLAS B  STREET ADDRESS  CITY-ST-ZIP  MCCOY, DOUGLAS B  STREET ADDRESS  CITY-ST-ZIP  MCCOY, DOUGLAS B  MAME  STREET ADDRESS  CITY-ST-ZIP  MINNEAPOLIS MN 55426  CITY-ST-ZIP  Change Addition  MAME  STREET ADDRESS  CITY-ST-ZIP  CHANGE  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CONDANT  CITY-ST-ZIP  CONDANT  CITY-ST-ZIP  CITY-ST-ZIP  CONDANT  CITY-ST-ZIP  CI   |  | [ — · —  | ∟ Delete                            |  | ,  | •  |                             | M Addition   5                    |  |
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| CITY-ST-ZIP SCOTTSDALE AZ 85254  TITLE EVGC DEPOSED DELETE CFO DELETE DE   | نيست. برد <b>د ال</b> التان  |  | Delete .                            |  | - DEV  | /C- ====================================   | Change                      | Addition _                        |  |
| CITY-ST-ZIP SCOTTSDALE AZ 85254  TITLE EVGC DEPOSED DELETE CFO DELETE DE   | NAME   | MCCOY, DOUGLAS B   | /1                                  | NAME   | Jea  | n C. Benson  |                             |                                   |  |
| TITLE EVGC   Addition   NAME BARCLIFT, Z J   STREET ADDRESS   CITY-ST-ZIP   MINNEAPOLIS MN 55426   STREET ADDRESS   STREE   |  |  | 1                                   |  |  |  |                             |                                   |  |
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| TITLE V Delete TITLE EVP Change Addition  NAME REAK, DAVID R  STREET ADDRESS G909 EAST GREENWAY PARKWAY  CITY-ST-ZIP SCOTTSDALE AZ 85254  Delete TITLE EVP  NAME REAK, DAVID R  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SCOTTS CLAY - TO SCOTTS CL   |  |  | 1800                                |  | DRESS 1090   | xo wayzata Bl  |                             |                                   |  |
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| тел овегену остану овалир выфинация опровой мил иза вири доса полимил когите схетовиил зависи и дестил или прима завишем и питиел селимил полиматил.   |  |  | nis filing does not qualify for the |  | 1000   |  |                             | 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 on 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.

Altachment D#F99000001528 C0020732

ATTACHMENT TO . 2001 UNIFORM BUSINESS REPORT OF METRIS DIRECT, INC.

## Additional Officer:

Secretary Lorraine E. Waller 10900 Wayzata Boulevard Minnetonka, MN 55305