

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001528

1. Entity Name

METRIS DIRECT, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90580 018 ***150.00

Principal Place of Business

600 SOUTH HIGHWAY 169, SUITE 1800
ST. LOUIS PARK MN 55426

Mailing Address

600 SOUTH HIGHWAY 169, SUITE 1800
ST. LOUIS PARK MN 55426

2. Principal Place of Business

10900 Wayzata Blvd.

3. Mailing Address

10900 Wayzata Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Minnetonka, MN

City & State

Minnetonka, MN

Zip

55305

Country

Zip

55305

Country

4. FEI Number

41-1111974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2001 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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ZEBECK, RONALD N	
STREET ADDRESS	600 SOUTH HIGHWAY 169, SUITE 1800	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	WESSELINK, DAVID D	
STREET ADDRESS	600 SOUTH HIGHWAY 169, SUITE 1800	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, DOUGLAS B	
STREET ADDRESS	6909 EAST GREENWAY PARKWAY	
CITY-ST-ZIP	SCOTTSDALE AZ 85254	
TITLE	EVGC	<input checked="" type="checkbox"/> Delete
NAME	BARCLIFT, Z J	
STREET ADDRESS	600 SOUTH HIGHWAY 169, SUITE 1800	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	
TITLE	EV	<input type="checkbox"/> Delete
NAME	SCALITI, DOUGLAS L	
STREET ADDRESS	600 SOUTH HIGHWAY 169, SUITE 1800	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	
TITLE	V	<input type="checkbox"/> Delete
NAME	REAK, DAVID R	
STREET ADDRESS	6909 EAST GREENWAY PARKWAY	
CITY-ST-ZIP	SCOTTSDALE AZ 85254	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zebeck, Ronald N	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wesselink, David D	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	DEVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean C. Benson	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woo, Benson	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scaliti, Douglas L.	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reak, David R.	
STREET ADDRESS	17600 Perimeter Drive	
CITY-ST-ZIP	Scottsdale, AZ 85254	

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

Lorraine E. Waller-Secretary 1/29/01 (952) 593-4794

Date

Daytime Phone #

CR2E034 (10/00)

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

Attachment
D#F99000001528
C0020732

Additional Officer:

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