

2002 UNIFORM BUSINESS REPORT (UBR)

0136462 AR

DOCUMENT # F99000001528

1. Entity Name
METRIS DIRECT, INC.

FILED

02 JUL 22 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10900 WAYZATA BLVD.
HOPKINS MN 55305

Mailing Address
10900 WAYZATA BLVD.
HOPKINS MN 55305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Minnetonka

City & State

Minnetonka

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
01-17-02 90013 032 \$50.00

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 DCEO
NAME ZEBECK, RONALD N
STREET ADDRESS 10900 WAYZATA BLVD.
CITY-ST-ZIP MINNETONKA MN 55305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900006708379-1
-07/26/02--01044--006
****100.00 *****50.00

TITLE DVC
NAME WESSELINK, DAVID D
STREET ADDRESS 10900 WAYZATA BLVD.
CITY-ST-ZIP MINNETONKA MN 55305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DEVC
NAME BENSON, JEAN C
STREET ADDRESS 10900 WAYZATA BLVD.
CITY-ST-ZIP MINNETONKA MN 55305 ☒ Delete

TITLE Richard B. Evans
NAME EUP + Secretary
STREET ADDRESS 10900 Wayzata Blvd.
CITY-ST-ZIP Minnetonka, MN 55305 ☐ Change ☒ Addition

TITLE CFO
NAME BENSON, WOO
STREET ADDRESS 10900 WAYZATA BLVD.
CITY-ST-ZIP MINNETONKA MN 55305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PC
NAME SCALITI, DOUGLAS L
STREET ADDRESS 10900 WAYZATA BLVD.
CITY-ST-ZIP MINNETONKA MN 55305 ☒ Delete

TITLE Ralph A. Then
NAME SUP, Treasurer
STREET ADDRESS 10900 Wayzata Blvd.
CITY-ST-ZIP Minnetonka, MN 55305 ☐ Change ☒ Addition

TITLE EVP
NAME REAK, DAVID R
STREET ADDRESS 17600 PERIMETER DRIVE
CITY-ST-ZIP SCOTTSDALE AZ 85254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02 (952)358-4339

Date

Daytime Phone #

CR2E034 (4/02)

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enclosures