2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # F9900001897** LIBERTY ENTERPRISES MINNESOTA, INC. 01-25-2001 90131 040 ***150.00 Mailing Address Principal Place of Business 5267 PROGRAM AVE 2222 WOODALE DRIVE MOUNDS VIEW MN 55112 MOUNDS VIEW MN 55112 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 41-1892753 Not Applicable \$8.75 Additional Zip Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition CEOP ☐ Delete TITLE TITLE ANDERSON, ROBERT D NAME NAME STREET ADDRESS STREET ADDRESS 2720 ARTHUR STREET CITY-ST-ZIP CITY-ST-ZIP ROSEVILLE MN 55113 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PROVENZANO, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 2720 ARTHUR STREET CITY-ST-ZIP CITY-ST-7IP ROSEVILLE MN 55113 Change ☐ Delete TITLE Addition TITLE NAME MERICKEL, HARRY NAME STREET ADDRESS STREET ADDRESS 2720 ARTHUR STREET CITY-ST-ZIP CITY-ST-ZIP **ROSEVILLE MN 55113** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ANNETT, PAUL STREET ADDRESS STREET ADDRESS 2720 ARTHUR STREET CITY-ST-7IP CITY-ST-ZIP **ROSEVILLE MN 55113** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ZWEBER, CLAUDIA STREET ADDRESS STREET ADDRESS 2720 ARTHUR STREET CITY-ST-ZIE CITY-ST-ZIP ROSEVILLE MN 55113 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Steinberg, Leon J STREET ADDRESS STREET ADDRESS 2720 ARTHUR STREET

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

ROSEVILLE MN 55113

CITY-ST-ZIP

Bull. Anne # 1/9/01