

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002368

1. Entity Name

DSL INTEGRATED LOGISTICS COMPANY

Principal Place of Business

Mailing Address

1942 SHAWNEE ROAD
EAGAN MN 55122

1942 SHAWNEE ROAD
EAGAN MN 55122-1032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1784853

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 C ☐ Delete
NAME GRATHAM, PAUL C
STREET ADDRESS 5011 FIRESTONE PLACE
CITY-ST-ZIP SOUTH GATE CA 90280

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

TITLE D ☐ Delete
NAME CLARKE, VALDA
STREET ADDRESS 5011 FIRESTONE PLACE
CITY-ST-ZIP SOUTH GATE CA 90280

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

TITLE D ☐ Delete
NAME LEUNG, JOSEPH
STREET ADDRESS 5011 FIRESTONE PLACE
CITY-ST-ZIP SOUTH GATE CA 90280

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

TITLE CEO ☐ Delete
NAME VERPY, ALAN L
STREET ADDRESS 1942 SHAWNEE ROAD
CITY-ST-ZIP EAGAN MN 55122

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

TITLE P ☒ Delete
NAME MEYER, JOEL N
STREET ADDRESS 1942 SHAWNEE ROAD
CITY-ST-ZIP EAGAN MN 55122

TITLE TV ☐ Change ☒ Addition
NAME STABY, JOHN V.
STREET ADDRESS 1942 SHAWNEE RD
CITY-ST-ZIP EAGAN, MN 55122

TITLE ST ☐ Delete
NAME MATTSON, JOHN P
STREET ADDRESS 1942 SHAWNEE ROAD
CITY-ST-ZIP EAGAN MN 55122

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

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

JOHN MATTSON
SECRETARY + V.P.

Date

1/26/00 bsi-
405.9499
Daytime Phone #

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90019 040 ***158.75



DO NOT WRITE IN THIS SPACE