2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000003844**

UNITEDHEALTH NETWORKS, INC.

Mailing Address Principal Place of Business 300 OPUS CENTER 300 OPUS CENTER 9900 BREN ROAD EAST 9900 BREN ROAD EAST MINNETONKA MN 55343 **MINNETONKA MN 55343-9664** 2. Principal Place of Business 3. Mailing Address <u> UnitedHealth Group Center</u>

FILED Apr 23, 2000 8:00 am Secretary of State

04-23-2000 90051 010 ***150.00



Suite, Apt. #, etc.		9900 Bren Road E (MN008-T202)			DO NOT WRITE IN THIS SPACE				
City & Star		City & State Minnetonka, Minnesota			4. FEI Number 41-1941124				pplied For ot Applicable
Zip	_ _		Country USA		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					
-				Name -	- ~	-			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			-	Street Address (P.O. Box Number is Not Acceptable)					
				City			F	Zip Cod	de
8. The above	e named entity submits this statement for t	he purpose of changing its	registered	office or registe	red agent, or bot	h, in the State of Fl	lorida.	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registered A	Agent signature require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DAT	E	 -
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		l To	ction Campaign Fi st Fund Contribution	_		00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/	CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINNETONKA MN 55343		TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV MUNSELL, WILLIAM A 300 OPUS CENTER, 9900 BREN F MINNETONKA MN 55343	Delete	NAME					☐ Change	☐ Addition
TITLE	T	Delete	TITLE					Change_	Addition
NAME STREET ADDRESS CITY-ST-ZIP	WEISS, ALLAN J 5901 LINCOLN DRIVE EDINA MN 55436-1611		NAME STREET CITY-S	ADDRESS T-ZIP		~ ;			
TITLE NAME STREET ADDRESS	, 555 57 55 55 55 55 55 55 55 55 55 55 55		TITLE NAME STREET CITY-S	ADDRESS Uni	BEUTNER, BRIAN K. UnitedHealth Group Center, 9900 Bren Ro				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MINNETONKA MN 55343 V FLOTTESMESCH, DIANE L 5901 LINCOLN DRIVE	☐ Delete	. TITLE NAME	ADDRESS Min	netonka,	<u>MN 55343</u>		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDINA MN 55436-1611 AS Delete LUBBEN, DAVID J 300 OPUS CENTER, 9900 BREN ROAD EAST MINNETONKA MN 55343		CITY-S	ADDRESS T-ZIP	☐ Change ☐ Addition				

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.

Brian K. Beutner SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000 612-936-1709

Daytime Phone #