

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90101 009 ***150.00

DOCUMENT # F99000003844

1. Entity Name

UNITEDHEALTH NETWORKS, INC.

Principal Place of Business

**300 OPUS CENTER
 9900 BREN ROAD EAST
 MINNETONKA MN 55343**

Mailing Address

**% UNITEDHEALTH GROUP CENTER
 9900 BREN RD. E. (MN008-T202)
 MINNETONKA MN 55343**

2. Principal Place of Business

UnitedHealth Group Center

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9900 Bren Road East

**City & State
 Minnetonka, MN**

City & State

4. FEI Number **41-1941124**

Applied For

Not Applicable

Zip
55343

Country
Hennepin

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCEO
 MIGLIORI, RICHARD J MD
 300 OPUS CENTER, 9900 BREN ROAD EAST
 MINNETONKA MN 55343** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P/CEO/D
 MIGLIORI, RICHARD J MD
 UnitedHealth Group Center, 9900 Bren Rd E
 Minnetonka, MN 55343** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CFOV
 MUNSELL, WILLIAM A
 300 OPUS CENTER, 9900 BREN ROAD EAST
 MINNETONKA MN 55343** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CFO/V
 MCATHIE, DANIEL J
 UnitedHealth Group Center, 9900 Bren Rd E
 Minnetonka, MN 55343** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 WEISS, ALLAN J
 5901 LINCOLN DRIVE
 EDINA MN 55436-1611** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 BEUTNER, BRIAN K
 UnitedHealth Group Center, 9900 Bren Rd E
 Minnetonka, MN 55343** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 BEUTNER, BRIAN K
 UNITEDHEALTH GROUP CENTER, 9900 BREN RD E.
 MINNETONKA MN 55343** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 BEUTNER, BRIAN K
 UnitedHealth Group Center, 9900 Bren Rd E
 Minnetonka, MN 55343** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 FLOTTEMESCH, DIANE L
 5901 LINCOLN DRIVE
 EDINA MN 55436-1611** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 FLOTTEMESCH, DIANE L
 UnitedHealth Group Center, 9900 Bren Rd E
 Minnetonka, MN 55343** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 LUBBEN, DAVID J
 300 OPUS CENTER, 9900 BREN ROAD EAST
 MINNETONKA MN 55343** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 LUBBEN, DAVID J
 UnitedHealth Group Center, 9900 Bren Rd E
 Minnetonka, MN 55343** ☒ 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:

Brian K. Beutner

Brian K. Beutner, Secretary Jan. 3, 2001 952-936-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)