

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90580 019 \*\*\*150.00

**DOCUMENT # F99000003900**

1. Entity Name

**METRIS DIRECT SERVICES, INC.**

Principal Place of Business

600 SOUTH HIGHWAY 169, STE 1800  
ST LOUIS PARK MN 55426

Mailing Address

600 SOUTH HIGHWAY 169, STE 1800  
ST LOUIS PARK MN 55426

2. Principal Place of Business

10900 Wayzata Blvd

3. Mailing Address

10900 Wayzata Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Minnetonka, MN

City & State

Minnetonka, MN

Zip

55305

Country

Zip

55305

Country

4. FEI Number

41-1891528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	ZEBECK, RONALD N	
STREET ADDRESS	600 SOUTH HIGHWAY 169, STE 1800	
CITY-ST-ZIP	ST LOUIS MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WESSELINK, DAVID D	
STREET ADDRESS	600 SOUTH HIGHWAY 169, STE 1800	
CITY-ST-ZIP	ST LOUIS MN	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BARCLIFT, Z-JILL	
STREET ADDRESS	600 SOUTH HIGHWAY 169, STE 1800	
CITY-ST-ZIP	ST LOUIS MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENSON, JEAN C	
STREET ADDRESS	600 SOUTH HIGHWAY 169, STE 1800	
CITY-ST-ZIP	ST LOUIS MN	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GROSKLAGS, JEFFREY D	
STREET ADDRESS	600 SOUTH HIGHWAY 169, STE 1800	
CITY-ST-ZIP	ST LOUIS MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCALITI, DOUGLAS L	
STREET ADDRESS	600 SOUTH HIGHWAY 169, STE 1800	
CITY-ST-ZIP	ST LOUIS PARK MN 55426	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zebeck, Ronald N.	
STREET ADDRESS	10900 Wayzata Blvd.	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wesselink, David D.	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorraine E. Waller	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benson, Jean C.	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grosklags, Jeffrey D.	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scaliti, Douglas L.	
STREET ADDRESS	10900 Wayzata Blvd	
CITY-ST-ZIP	Minnetonka, MN 55305	

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: *Lorraine E. Waller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lorraine E. Waller-Secretary 1/29/01 (952) 593-4794*

Date

Daytime Phone #

CR2E034 (10/00)

0566827