## **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT** # F99000003900

## **FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90276 013 \*\*\*150.00

Metri	s Direct Services, Inc	·				
DO NOT WRITE IN THIS SPACE				11013838		
		3. Mailing Address				
10900 Wayzata Boulevard 10900 Wayzata Suite, Apt. #, etc. Suite, Apt. #, etc.		Boulevard	DO NOT WRITE IN THIS SE	PACE		
City & Stat Minneto	_	City & State Minnetonka, MN		4. FEI Number 41-1891528	Applied For: Not Applicable	
Zip	Country	Zip	Country		8.75 Additional	
55305	Hennepin	55305	Hennepin	7. Name and Address of Current Registered	ee Required	
DO NOT WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its regist			Name Corr			
				Street Address (P.O. Box Number is Not Acceptable)		
				1201 Hays Street City Zip Code		
				Tallanassee FL 32301		
4.	Signature, typed or printed name of registered agent and ti nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of Sta	ate	logistared Agent signature requir	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE	President & Director		TITLE		3	
NAME STREET ADDRESS	David D. Wesselink   S  10900 Wayzata Boulevard		NAME STREET ADDRESS		1,19	
CITY-ST-ZIP	Minnetonka, MN 55305	·u	CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	Executive Vice President & Director		TITLE		90	
NAME. STREET ADDRESS	William R. Anderson SS 10900 Wayzata Boulevard		NAME STREET ADDRESS			
CITY-ST-ZIP	Minnetonka, MN 55305		CITY-ST-ZIP			
TITLE	Senior Vice President   John D. Armbruster	Tax	NAME	ري السيود ج. داري (۱۰۰۰) ديا دايا الدي الديالا الاستانية		
STREET ADDRESS	ADDRESS 10900 Wayzata Boulevard		STREET ADDRESS	DO NOT WRITE		
CITY-ST-ZIP	.,		CITY-ST-ZIP	<u> </u>		
TITLE NAME	Senior Vice President & Controller Mark P. Wagener		TITLE NAME	IN THIS SPACE		
STREET ADDRESS	RESS 10900 Wayzata Boulevard		STREET ADDRESS	·	1	
CHY-SI-ZIP	Minnetonka, MN 55305		CITY-SI-ZIP			
TITLE NAME	Secretary Richard G. Evans		TITLE NAME		\frac{1}{2}	
STREET ADDRESS	TREET ADDRESS 10900 Wayzata Boulevard		STREET ADDRESS			
CITY-ST-ZIP	Minnetonka, MN 55305		CITY-ST-ZIP TITLE			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	·		

SIGNATURE:

12. 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 10 or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard G. Evans, Sec

952-358-4339

Daytime Phone #