

# 2000 UNIFORM BUSINESS REPORT (UBR)

091100

DOCUMENT # F99000006221

1. Entity Name  
RESALEWORLD.COM, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 SEP 29 AM 10:16

Principal Place of Business  
1810 MOUNT CURVE AVENUE  
MINNEAPOLIS MN 55403

Mailing Address  
1810 MOUNT CURVE AVENUE  
MINNEAPOLIS MN 55403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
800 Washington Ave. N.  
Suite, Apt. #, etc. Suite 900

3. Mailing Address  
800 Washington Ave. N.  
Suite, Apt. #, etc. Suite 900

City & State  
Minneapolis, MN 55401

City & State  
Minneapolis, MN

Zip  
55401

Country  
US

4. FEI Number  
44-1783839

APPLIED FOR

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  
500003420615--6

Street Address (P.O. Box Number is Not Applicable)  
10/10/00--01075--013  
\*\*\*\*150.00 \*\*\*\*150.00

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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BERINGAUSE, ERIC 1810 MOUNT CURVE AVENUE MINNEAPOLIS MN 55403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIES, EDWARD A 1810 MOUNT CURVE AVENUE MINNEAPOLIS MN 55403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, LYNETTE C ONE BEACON STREET BOSTON MA 02108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRUZZA, EDMOND E 1810 MOUNT CURVE AVENUE MINNEAPOLIS MN 55403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 500003420615--6 -10/10/00--01075--014 ****400.00 ****400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Washington Ave. N. Suite 900 Minneapolis, MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Washington Ave. N. Suite 900 Minneapolis, MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Ken Cutler 800 Washington Ave. N. Suite 900 Minneapolis, MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Washington Ave. N. Suite 900 Minneapolis, MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daniel J. Beckwith 800 Washington Ave. N. Suite 900 Minneapolis, MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B10/14

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 Daniel J. Beckwith **REQUIRED** 9-6-00 612.843.1606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)