

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88637

1. Entity Name

COMEXTER TRADING COMPANY

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90960 033 ***150.00

545372



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10051 NW 99TH AVE.
SUITE 5
MEDLEY FL 33178
US

8100 MITCHELL ROAD
SUITE 1200
EDEN PRAIRIE MN 55344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0122113

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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 PD ☐ Delete
NAME MULVEHILL, JOSEPH
STREET ADDRESS 8100 MITCHELL ROAD
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME GOVEN, GREG
STREET ADDRESS 8100 MITCHELL ROAD
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GLEASON, OWEN
STREET ADDRESS 8100 MITCHELL ROAD
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WIEHOFF, JOHN
STREET ADDRESS 8100 MITCHELL ROAD
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE Director ☒ Change ☐ Addition
NAME Wiehoff, John
STREET ADDRESS 8100 Mitchell Road
CITY-ST-ZIP Eden Prairie, MN 55344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Renner, Troy A.
STREET ADDRESS 8100 Mitchell Road, S
CITY-ST-ZIP Eden Prairie, MN 55344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Owen P. Gleason

4/25/01

952.937.8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)