

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90011 001 *1,100.00

DOCUMENT # L94088

1. Entity Name

MLD MINNESOTA 10, INC. ✓

Principal Place of Business

1640 MADISON AVENUE
 MANKATO MN 56001
 US

Mailing Address

PO BOX 3248
 MANKATO MN 56002-3248
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3031096

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	ALTON, ROBERT D JR	
STREET ADDRESS	221 EAST HICKORY STREET	
CITY-ST-ZIP	MANKATO MN 56001	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	LOMBARD, F. ERNEST	
STREET ADDRESS	1650 MADISON AVENUE, STE 100	
CITY-ST-ZIP	MANKATO MN 56001	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, DAVID A	
STREET ADDRESS	221 EAST HICKORY STREET	
CITY-ST-ZIP	MANKATO MN 56001	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CHRISTIANSEN, DAVID A	
STREET ADDRESS	221 EAST HICKORY STREET	
CITY-ST-ZIP	MANKATO MN 56001	
TITLE	GM	<input type="checkbox"/> Delete
NAME	WILKE, GERALD B	
STREET ADDRESS	1640 MADISON AVENUE	
CITY-ST-ZIP	MANKATO MN 56001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

David A. Christensen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

Daytime Phone #

CR2E034 15/00