

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L94088

FILED
Apr 11, 2003
Secretary of State

Entity Name: MLD MINNESOTA 10, INC.

Current Principal Place of Business:

1640 MADISON AVENUE
MANKATO, MN 56001 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3248
MANKATO, MN 560023248 US

New Mailing Address:

FEI Number: 59-3031096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ALTON, ROBERT D JR
Address: 221 EAST HICKORY STREET
City-St-Zip: MANKATO, MN 56001

Title: PCOO () Delete
Name: LOMBARD, F. ERNEST
Address: 1650 MADISON AVENUE, STE 100
City-St-Zip: MANKATO, MN 56001

Title: VCFO () Delete
Name: CHRISTENSEN, DAVID A
Address: 221 EAST HICKORY STREET
City-St-Zip: MANKATO, MN 56001

Title: TS () Delete
Name: CHRISTENSEN, DAVID A
Address: 221 EAST HICKORY STREET
City-St-Zip: MANKATO, MN 56001

Title: GM () Delete
Name: WILKE, GERALD B
Address: 1640 MADISON AVENUE
City-St-Zip: MANKATO, MN 56001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DUFFY, JOHN E
Address: 221 EAST HICKORY STREET
City-St-Zip: MANKATO, MN 56001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: GM (X) Change () Addition
Name: WILKE, GERALD B
Address: 1650 MADISON AVENUE, STE 100
City-St-Zip: MANKATO, MN 56001

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A CHRISTENSEN

VCFO

04/11/2003

Electronic Signature of Signing Officer or Director

Date