2002 UNIFORM BUSINESS REPORT (UBR)

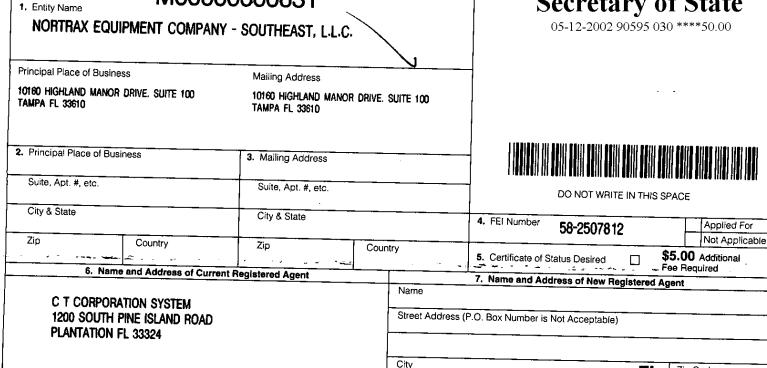
DOCUMENT # M0000000631 1. Entity Name NORTRAX EQUIPMENT COMPANY - SOUTHEAST, L.L.C.

FILED May 12, 2002 8:00 am Secretary of State

Applied For

CR2E083 (9/01)

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)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

| <u> </u> | | Due | Ву мау 1, 20 | 02 | ! | | | |
|---------------------------------------|---|----------|---------------------------------------|--------------------|-------------|--------|----------|------------|
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MGRM NORTRAX, INC. 7760 FRANCE AVENUE, 11TH FLOOR BLOOMINGTON MN 55435 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | NORTRAS 2020 SE | 545 5140 | A JONE | Change | Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP | ertify that the information are all a with the dis- | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ANAGER, OR AUTHORIZED REPRESENTATIVE