

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001059

1. Entity Name

ACCESS CASH INTERNATIONAL L.L.C.

FILED

01 OCT -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4105 N. LEXINGTON AVE. - SUITE 305
ARDEN HILLS MN 55126

Mailing Address

4105 N. LEXINGTON AVE. - SUITE 305
ARDEN HILLS MN 55126

2. Principal Place of Business

20 YORLTON COURT

3. Mailing Address

20 YORLTON COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

St. Paul, MN

City & State

St. Paul, MN

4. FEI Number

41-1964315

Applied For

Not Applicable

Zip

55117

Country

Ramsey

Zip

55117

Country

Ramsey

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	FRANK A CAPAN JR.	
STREET ADDRESS	322 BIRDALE COURT	
CITY-ST-ZIP	HUDSON, WI 54016	
TITLE	CHIEF OPERATING OFFICER	<input checked="" type="checkbox"/> Delete
NAME	JOHN C. THOMAS	
STREET ADDRESS	2082 FM ST.	
CITY-ST-ZIP	ROSENHUR, MN 55113	
TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Delete
NAME	CHARLES N. HAYSEN	
STREET ADDRESS	4135 DAVIS RD	
CITY-ST-ZIP	MARLE PLAIN, MN 55359	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN OF THE BOARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD G. ROTH	
STREET ADDRESS	19 EAST OAKS ROAD	
CITY-ST-ZIP	NORTH OAKS, MN 55127	
TITLE	VICE PRESIDENT, NATIONAL SALES MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN S. GRAY	
STREET ADDRESS	1166 MCKOSICK RD LANE	
CITY-ST-ZIP	STILLWATER, MN 55082	
TITLE	VICE PRESIDENT, CHIEF INFORMATION OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARL L. DEBOER	
STREET ADDRESS	18600 HARROW AVE	
CITY-ST-ZIP	FOREST LAKE, MN 55025	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J ROTH	
STREET ADDRESS	2205 CHELMSFORD LANE	
CITY-ST-ZIP	ST. LOUIS, MN 56301	
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		

11. 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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9.28-01 651-490-0413

Date

Daytime Phone #

CR2E083 (5/01)