

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90061 034 ****55.00

DOCUMENT # M01000000903

1. Entity Name

GOLDSMITH, AGIO, HELMS & LYNNER, LLC

Principal Place of Business

**601 SECOND AVENUE SOUTH, 46TH FLOOR
 MINNEAPOLIS MN 55402**

Mailing Address

**601 SECOND AVENUE SOUTH, 46TH FLOOR
 MINNEAPOLIS MN 55402**

2. Principal Place of Business

225 South Sixth Street

3. Mailing Address

225 South Sixth Street

Suite, Apt. #, etc.

46th Floor

Suite, Apt. #, etc.

46th Floor

City & State

Minneapolis, MN

City & State

Minneapolis, MN

Zip

55402

Country

USA

Zip

55402

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1992659

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GOLDSMITH, STEVEN M
 C/O GOLDSMITH, AGIO, HELMS & LYNNER, LLC
 1170 THIRD STREET SOUTH, SUITE C201
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **PATTEN, MARK A**
 STREET ADDRESS **601 SECOND AVENUE SOUTH, 46TH FLOOR**
 CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE ☐ Delete
 NAME **225 South Sixth Street**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **225 South Sixth Street, 46th Floor**
 CITY-ST-ZIP

TITLE **mgrm** ☐ Change ☒ Addition
 NAME **JACK P. HELMS**
 STREET ADDRESS **225 South Sixth Street, 46th Floor**
 CITY-ST-ZIP **Minneapolis MN 55402**

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

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

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

TITLE ☐ Change ☐ 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
KYLE PECHA

VICE PRESIDENT AND CONTROLLER

2/18/02

612 531 0500

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

Date

Daytime Phone #

CR2E083 (9/01)