


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0023704 MB

DOCUMENT # M02000000971

1. Entity Name
MN AIRLINES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 AM 9:39
WR 10/07

Principal Place of Business
201 KRESTWOOD DRIVE W.
BURNSVILLE MN 55337

Mailing Address
201 KRESTWOOD DRIVE W.
BURNSVILLE MN 55337



2. Principal Place of Business
1300 Mendota Heights Road
Suite, Apt. #, etc.

3. Mailing Address
1300 Mendota Heights Road
Suite, Apt. #, etc.

City & State
Mendota Heights MN

City & State
Mendota Heights MN

Zip 55120 **Country** USA

Zip 55120 **Country** USA

CHECK HERE IF MAKING CHANGES

4. FEI Number
35-2159124

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500023399715
09/29/03--01052--010 **50.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

\$0.00 **FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DALY, ROBERT 201 KRESTWOOD DR. W. BURNSVILLE MN 55337
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chairman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President + CEO Salmen T. J. 2249 Summit Ave. St. Paul MN 55105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO Nugent, Shawn 15807 West Oaks Minnetonka MN 55345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP and General Counsel Frederick son, John 3624 Woodland Trail Bryan MN 55123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frederickson **REQUIRES** Frederickson 9/23/03 651 681-3749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (4/03)