

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90325 030 \*\*\*\*61.25

**DOCUMENT # N93000001558**

1. Entity Name

**COCREATE AMERICAS USER GROUP, INC.**

Principal Place of Business

Mailing Address

**WATEROUS COMPANY  
 125 HARDMAN AVE SOUTH  
 SOUTH SAINT PAUL MN 55075-1191  
 US**

**WATEROUS COMPANY  
 125 HARDMAN AVE SOUTH  
 SOUTH SAINT PAUL MN 55075-2456  
 US**

**602769**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3174265**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	GORDON, RAY	
STREET ADDRESS	MT DEPT CAL POLY	
CITY-ST-ZIP	SAN LUIS OBISPO CA 93407	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZARECKY, MIKE	
STREET ADDRESS	12000 JEFFERSON AVE	
CITY-ST-ZIP	NEWPORT NEWS VA 23606	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAYBURN, MIKE	
STREET ADDRESS	2 ERIK CIRCLE	
CITY-ST-ZIP	VERDI NV 89439	
TITLE	T	<input type="checkbox"/> Delete
NAME	KLIMAS, STEVEN	
STREET ADDRESS	125 HARDMAN AVE S	
CITY-ST-ZIP	SOUTH SAINT PAUL MN 55075-1191	
TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Wrazel	
STREET ADDRESS	400 West Stribling Drive	
CITY-ST-ZIP	Rogers, AR 72756	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Mallory	
STREET ADDRESS	22526 NE 19TH PLACE	
CITY-ST-ZIP	Redmond WA, 98053	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED. KLIMAS 1/10/00 651 450 5208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)