

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90072 014 \*\*\*\*61.25

**DOCUMENT # N93000001558**

1. Entity Name

**COCREATE AMERICAS USER GROUP, INC.**

Principal Place of Business

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

Mailing Address

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

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

Signatures, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:  
 FEE IS \$81.25**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, RAY</b>	
STREET ADDRESS	<b>MT DEPT CAL POLY</b>	
CITY-ST-ZIP	<b>SAN LUIS OBISPO CA 93407</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MALLORY, BOB</b>	
STREET ADDRESS	<b>22526-NE 10TH PLACE</b>	
CITY-ST-ZIP	<b>REDMOND WA 98053</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WRAZEL, THERESA</b>	
STREET ADDRESS	<b>400 WEST STRIBLING DRIVE</b>	
CITY-ST-ZIP	<b>ROGERS AR 72756</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KLIMAS, STEVEN</b>	
STREET ADDRESS	<b>125 HARDMAN AVE S</b>	
CITY-ST-ZIP	<b>SOUTH SAINT PAUL MN 55075-1191</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRAZEL, Theresa</b>	
STREET ADDRESS	<b>400 West Stribling Drive</b>	
CITY-ST-ZIP	<b>ROGERS AR 72756</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fisher, Bruce</b>	
STREET ADDRESS	<b>4420 Gibsonview Drive</b>	
CITY-ST-ZIP	<b>Fort Wayne IN 46804</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zihlman, Eddie</b>	
STREET ADDRESS	<b>10100 Burnet Rd Bldg 7 MC RB900</b>	
CITY-ST-ZIP	<b>Austin TX 78758</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLIMAS, Steven</b>	
STREET ADDRESS	<b>125 HARDMAN AVE S</b>	
CITY-ST-ZIP	<b>South Saint Paul MN 55075-1191</b>	
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		

12. 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:

*STEVEN KLIMAS*

**03/08/01 651 450 5208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (10/00)