FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am DOCUMENT # N9400005818 **Secretary of State** 1. Entity Name 07-31-2001 90234 043 ****61.25 ALPHA OMEGA FOUNDATION, INC. Principal Place of Business Mailing Address 101 N PHILLIPS AVE 101 N PHILLIPS AVE % ANDREW NORWEST BANK SOUTH DAKOTA NA % ANDREW NORWEST BANK SOUTH DAKOTA NA SIIOUX FALLS SD 57117-5953 SHOUX FALLS SD 57117-5953 3. Mailing Address 2. Principal Place of Business 101 South Phillips, #102 101 South Phillips, #102 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE % Adler Management, LLC % Adler Management, LLC City & State City & State 4. FEI Number Applied For Sioux Falls, SD 41-1795984 Sioux Falls, SD Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 57104-6719 57104-6719 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, ROXANNE W Street Address (P.O. Box Number is Not Acceptable) 401 E JACKSON ST TAMPA:FL 33601 City 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition P / D Change MAHONEY, J R NAME NAME Mahoney, JR 21 CIRCLE WEST STREET ADDRESS STREET ADDRESS 21 Circle West Edina, MN 55436 CITY-ST-ZIP EDINA MN 55436 CITY-ST-ZIP TITLE Delete TITI F VP / T / D K | Change ☐ Addition GOLDMAN, A R NAME NAME Goldman, AR 4702 Yuma Street STREET ADDRESS 4702 YUMA STREET NW STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20016 CITY-ST-ZIP Washington, DC 20016 TITLE □ Delete TITLE ☐ Addition HARRIS, JOHN E NAME NAME STREET ADDRESS 90 S 7TH ST #2200 STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55402 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition AGEE, JOHN NAME NAME 10350 BREN ROAD WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNETONKA MN 55343 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ☐ Change X Addition NAME NAME Keith Bednarowski 10350 Bren Road West STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Minnetonka, MN 55343 TITLE ☐ Delete TITLE VP / S Change Addition NAME NAME Luz Campa 10350 Bren Road West STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Minnetonka, MN 55343

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:

ol Gling all Luz-Campa

6/21/01

(952) 656-4800