

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005818**

1. Entity Name

ALPHA OMEGA FOUNDATION, INC.**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90046 018 ****61.25

Principal Place of Business

**101 SOUTH PHILLIPS #102
% ADLER MANAGEMENT LLC
SIOUX FALLS SD 57104-6719
US**

Mailing Address

**101 SOUTH PHILLIPS #102
% ADLER MANAGEMENT LLC
SIOUX FALLS SD 57104-6719
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1795984

Applied For

Not Applicable

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

**MOORE, ROXANNE W
401 E JACKSON ST
TAMPA FL 33601**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MAHONEY, J R**
STREET ADDRESS **21 CIRCLE WEST**
CITY-ST-ZIP **EDINA MN 55436**TITLE **VPTD** ☐ Delete
NAME **GOLDMAN, A R**
STREET ADDRESS **4702 YUMA STREET**
CITY-ST-ZIP **WASHINGTON DC 20016**TITLE **D** ☐ Delete
NAME **HARRIS, JOHN E**
STREET ADDRESS **90 S 7TH ST #2200**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**TITLE **VP** ☐ Delete
NAME **BEDNAROWSKI, KEITH**
STREET ADDRESS **10350 BREN ROAD WEST**
CITY-ST-ZIP **MINNETONKA MN 55343**TITLE **VPS** ☐ Delete
NAME **CAMPA, LUZ**
STREET ADDRESS **10350 BREN ROAD WEST**
CITY-ST-ZIP **MINNETONKA MN 55343**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:**REQUIRED**

Luz Campa

3/1/02

(952) 656-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)