

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90089 021 ***150.00

DOCUMENT # P00000015027

1. Entity Name

24K.COM CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1405 XENIUM LANE NORTH

3. Mailing Address
1405 XENIUM LANE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLYMOUTH, MN

City & State
PLYMOUTH, MN

4. FEI Number
58-2546361

Applied For
Not Applicable

Zip 55441

Country

Zip 55441

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City TALLAHASSEE FL Zip Code 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director
NAME Marilyn Carlson Nelson
STREET ADDRESS 1405 Xenium Lane North
CITY- ST- ZIP Plymouth, MN 55441

TITLE Director
NAME Curtis C. Nelson
STREET ADDRESS 1405 Xenium Lane North
CITY- ST- ZIP Plymouth, MN 55441

TITLE Director
NAME James J.-Ryan
STREET ADDRESS 1405 Xenium Lane North
CITY- ST- ZIP Plymouth, MN 55441

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Richard E. Shinofield, Incorporator 4- -02 763-212-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)