CR2E034 (9/01)

972-280-0300

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am P02733 DOCUMENT # **Secretary of State** 1. Entity Name 02-19-2002 90093 004 ***150 00 MINNESOTA HOTEL COMPANY, INC. Principal Place of Business Mailing Address 3210 BELT LINE RD 3210 BELT LINE RD 80028597 SUITE 140 SUITE 140 DALLAS TX 75234 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 33-0017621 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name GRASSER, PAUL R. Street Address (P.O. Box Number is Not Acceptable) 8875 HIDDEN RIVER PARKWAY SUITE 300 **TAMPA FL 33637** 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change \ Addition NAME GREENWALD, MICHAEL R. NAME STREET ADDRESS 3210 BELTLINE RD. #140 STREET ADDRESS CITY-ST-ZIF DALLAS TX 75234 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE ROCHE, CHRISTINE M NAME NAME STREET ADDRESS STREET ADDRESS 3210 BELT LINE ROAD STE 140 CITY-ST-ZIP-CITY-ST-ZIP DALLAS TE ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME RALPH, DOUGLAS A. STREET ADDRESS STREET ADDRESS 3210 BELTLINE RD. #140 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 celevity or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other

changed, or on an atta

SIGNATURE: