

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90031 014 ***150.00

0600000 AT

DOCUMENT # P02875

1. Entity Name
TARGET CORPORATION

| | |
|--|--|
| Principal Place of Business 777 NICOLLET MALL #1400 CORPORATE TAX DEPT. MINNEAPOLIS MN 55402 | Mailing Address 777 NICOLLET MALL #1400 CORPORATE TAX DEPT. MINNEAPOLIS MN 55402 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1000 Nicollet Mall | 3. Mailing Address 1000 Nicollet Mall |
|---|---|

| | |
|---------------------------------|---------------------------------|
| Suite, Apt. #, etc. TPN-0945 | Suite, Apt. #, etc. TPN-0945 |
|---------------------------------|---------------------------------|

| | |
|---------------------------------|---------------------------------|
| City & State Minneapolis, MN | City & State Minneapolis, MN |
|---------------------------------|---------------------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 41-0215170 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|--------------|---------------------|--------------|---------------------|
| Zip 55403 | Country Hennepin | Zip 55403 | Country Hennepin |
|--------------|---------------------|--------------|---------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 AT | NAME REIF, JACK | <input type="checkbox"/> Delete |
| STREET ADDRESS 777 NICOLLET MALL #1400 | | |
| CITY-ST-ZIP MINNEAPOLIS MN 55402 | | |
| TITLE CEO | NAME ULRICH, ROBERT J | <input type="checkbox"/> Delete |
| STREET ADDRESS 777 NICOLLET MALL | | |
| CITY-ST-ZIP MINNEAPOLIS MN | | |
| TITLE SVP | NAME STORCH, GERALD R. | <input type="checkbox"/> Delete |
| STREET ADDRESS 777 NICOLLET MALL | | |
| CITY-ST-ZIP MINNEAPOLIS MN 55402 | | |
| TITLE SVP | NAME SCOVANNER, DOUGLAS | <input type="checkbox"/> Delete |
| STREET ADDRESS 777 NICOLLET MALL | | |
| CITY-ST-ZIP MINNEAPOLIS MN | | |
| TITLE VCS | NAME HALE, JAMES T. | <input type="checkbox"/> Delete |
| STREET ADDRESS 777 NICOLLET MALL | | |
| CITY-ST-ZIP MINNEAPOLIS MN | | |
| TITLE D | NAME KOVACEVICH, RICHARD M | <input type="checkbox"/> Delete |
| STREET ADDRESS 6TH AND MARQUETTE | | |
| CITY-ST-ZIP MINNEAPOLIS MN 55402 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| TITLE NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1000-Nicollet Mall | |
| CITY-ST-ZIP Minneapolis, MN 55403 | |
| TITLE NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1000 Nicollet Mall | |
| CITY-ST-ZIP Minneapolis, MN 55403 | |
| TITLE NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1000 Nicollet Mall | |
| CITY-ST-ZIP Minneapolis, MN 55403 | |
| TITLE NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1000 Nicollet Mall | |
| CITY-ST-ZIP Minneapolis, MN 55403 | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1000 Nicollet Mall | |
| CITY-ST-ZIP Minneapolis, MN 55403 | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack N. Reif
REQUIRE Jack N. Reif, Assistant Treasurer

4/3/02

Date Daytime Phone #

CR2E034 (9/01)