

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90080 017 ***150.00

DOCUMENT # P04406
 1. Entity Name
ASCEND FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
400 NORTH ROBERT STREET **400 NORTH ROBERT STREET**
ST. PAUL MN 55101 **ST. PAUL MN 55101-2015**

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 Applied For
41-1486060 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

00043634



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS E. PROHOFSKY 755 E. MONTANA ST. PAUL MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BERG, MARGARET A. 5215 PORTLAND AVE. S. MINNEAPOLIS MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS MARGARET M. MILOSEVICH 2601 WEXFORD HGTS. LANE NEW BRIGHTON MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNOLLY, GEORGE I. 1193 ROCKSTONE LANE NEW BRIGHTON MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS CLARK, THOMAS L W. 10546 880TH AVENUE RIVER FALLS WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached Listing
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9860 Indigo Trail Grant, MN 55115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas L. Clark **Thomas L. Clark** 3/16/2000 888-237-1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2044026

ASCEND FINANCIAL SERVICES, INC.

Officers

12-21-99

<u>Name and Title</u>	<u>Social Security #</u>	<u>CRD#</u>	<u>Residence Address</u>	<u>Business Address</u>
George I. Connolly President and Chief Executive Officer	024-50-6251	1457599	9860 Indigo Trail Grant, MN 55115	400 Robert Street North St. Paul, MN 55101
Margaret P. Milosevich Vice President, Chief Operations Officer, Secretary and Treasurer	392-70-8864	1493467	2601-Wexford-Highis-Lane New Brighton, MN 55112	400 Robert Street North St. Paul, MN 55101
Loyall E. Wilson Vice President and Chief Compliance Officer	380-58-7264	1368670	191 83rd Ave. NE Apt 309 Fridley, MN 55432	400 Robert Street North St. Paul, MN 55101
Thomas L. Clark Assistant Secretary and Assistant Treasurer	472-54-1754	47905	W10546 880th Avenue River Falls, WI 54022	400 Robert Street North St. Paul, MN 55101

Directors

Robert E. Hunstad	469-42-9796	1480417	1650 Blackhawk Cove Eagan, MN 55122	400 Robert Street North St. Paul, MN 55101
George I. Connolly	024-50-6251	1457599	9860 Indigo Trail Grant, MN 55115	400 Robert Street North St. Paul, MN 55101
Dennis E. Prohofskey	468-46-2497	2636727	755 E. Montana St. Paul, MN 55106	400 Robert Street North St. Paul, MN 55101

Attachment
00043634