

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90139 041 \*\*\*150.00

**DOCUMENT # P09795**

1. Entity Name  
**T.E. IBBERSON COMPANY**

|  |         |   |         |
|--|---------|---|---------|
| Principal Place of Business<br><b>828 FIFTH STREET SOUTH<br/>         HOPKINS MN 55343<br/>         US</b> |         | Mailing Address<br><b>828 FIFTH STREET SOUTH<br/>         HOPKINS MN 55343-7752<br/>         US</b> |         |
| 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 **41-0326340**  Applied For  
 Not Applied For

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



DO NOT WRITE IN THIS SPACE

|  |  |  |             |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>         1200 S. PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>STD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DAHLE, RAYMOND K.</b>                   | NAME  |   |
| STREET ADDRESS             | <b>1415 TRAYMORE AVENUE</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MINNETONKA MN</b>                       | CITY-ST-ZIP   |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCCORMICK, MICHAEL J</b>                | NAME  |   |
| STREET ADDRESS             | <b>11203 RADISSON DR</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>BURNSVILLE MN</b>                       | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HANSON, WALTER D.</b>                   | NAME  |   |
| STREET ADDRESS             | <b>2020 PENNSYLVANIA AVE NO</b>            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>GOLDEN VALLEY MN</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KIMES, STEVEN C</b>                     | NAME  |   |
| STREET ADDRESS             | <b>17109 NEW MARKET DRIVE</b>              | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>EDEN PRAIRIE MN 55347</b>               | CITY-ST-ZIP   |   |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEUKAM, GERALD M</b>                    | NAME  |   |
| STREET ADDRESS             | <b>15639 TARLETON CREST</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MAPLE GROVE MN 55311</b>                | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:** Raymond K. Dahle **REQUIRED** Raymond K. Dahle, Secretary 01/19/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #  
 (612) 938 7007