

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**  
 07-12-2000 90007 048 \*\*\*550.00

DOCUMENT # P09863

1. Entity Name

CONDUX INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

145 KINGSWOOD ROAD  
 MN 56001

P.O. BOX 247  
 MANKATO MN 56002-0247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

4. FEI Number

41-0901133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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, 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 ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 RADICHEL, BRADLEY P  
 145 KINGSWOOD ROAD  
 MANKATO MN

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 ELSTER, EARL W  
 4115 WINDSONG CIR  
 PRIOR LAKE MN

TITLE ☐ Change ☒ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 John D. Haugum  
 145 Kingswood Road  
 Mankato, MN 56001

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ST  
 RENANDO, DAVE  
 145 KINGSWOOD RD.  
 MANKATO MN 56001

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 AS  
 RANDOLPH, DIANA  
 RT. 1, BOX 58F  
 ELYSIAN MN

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/00

Date

507-387-6576

Daytime Phone #

CR2E034 (9/99)