

FILED
Aug 06, 2002 8:00 am
Secretary of State

06-12-2002 90239 050 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09863

1. Entity Name

CONDUX INTERNATIONAL, INC.

Principal Place of Business

145 KINGSWOOD ROAD
 MANKATO MN 56001

Mailing Address

P.O. BOX 247
 MANKATO MN 56002

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0901133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

THE PRENTICE-HALL CORPORATION SYSTEM INC.

1201 HAYS STREET

SUITE 105

TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Pres*
 NAME **D RADICHEL, BRADLEY P** ☐ Delete
 STREET ADDRESS **145 KINGSWOOD ROAD**
 CITY-ST-ZIP **MANKATO MN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Vice Pres*
 NAME **VP HAUGUM, JOHN D** ☐ Delete
 STREET ADDRESS **145 KINGSWOOD ROAD**
 CITY-ST-ZIP **MANKATO MN 56001**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Sec/Trea*
 NAME **ST. RENANDO, DAVE** ☒ Delete
 STREET ADDRESS **145 KINGSWOOD RD.**
 CITY-ST-ZIP **MANKATO MN 56001**

TITLE *S/T*
 NAME **Jeanne Tolzman** ☐ Change ☒ Addition
 STREET ADDRESS **145 Kingswood Road**
 CITY-ST-ZIP **Mankato, MN 56001**

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

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: *Jeanne Tolzman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/02

Date

507-387-6576

Daytime Phone #

CR2E034 (9/01)