

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90147 047 ***158.75

DOCUMENT # P14937

1. Entity Name
EMA OF MINNESOTA, INC.



Principal Place of Business
**1970 OAKCREST AVENUE
ROSEVILLE MN 55113**

Mailing Address
**1970 OAKCREST AVENUE
ROSEVILLE MN 55113**

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 **41-1467091**

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

**WEHMEYER, MARK G
863 SHRIVER CIR
LAKE MARY FL 32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW!!!! FEE IS \$150.00~~

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** Delete
NAME **MATHES, GEORGE A**
STREET ADDRESS **2804 IRVING AVE SOUTH**
CITY-ST-ZIP **MINNEAPOLIS MN 55408**

TITLE **PC** Change Addition
NAME
STREET ADDRESS **1970 OAKCREST AVE STE 100**
CITY-ST-ZIP **ST PAUL MN 55113**

TITLE **D** Delete
NAME **COURTNEY, CAROL L**
STREET ADDRESS **368 RAMSEY**
CITY-ST-ZIP **SAINT PAUL MN 55102**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MANNING, ALAN W**
STREET ADDRESS **4750 MANITOU RD**
CITY-ST-ZIP **TONKA BAY MN 55331**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **WEHMEYER, MARK**
STREET ADDRESS **863 SHRIVER CIR**
CITY-ST-ZIP **LAKE MARY FL 32776**

TITLE **VD** Change Addition
NAME
STREET ADDRESS **2180 WEST S.R. 434 STE 6100**
CITY-ST-ZIP **LONGWOOD, FL 32779-5013**

TITLE **VDT** Delete
NAME **YOUNKIN, CLYDE**
STREET ADDRESS **26 VALLEY VIEW TERRACE**
CITY-ST-ZIP **MOORESTOWN NJ 08057**

TITLE Change Addition
NAME
STREET ADDRESS **900 NORTHBROOK DRIVE - SUITE 110**
CITY-ST-ZIP **TREUOSE PA 19053**

TITLE **VD** Delete
NAME **BRUECK, TERRANCE**
STREET ADDRESS **1523 LAUREL AVENUE**
CITY-ST-ZIP **SAINT PAUL MN 55104**

TITLE Change Addition
NAME
STREET ADDRESS **1970 OAKCREST AVENUE STE 100**
CITY-ST-ZIP **ST PAUL MN 55113**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J. Harell*

BARBARA J. HARELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03
Date

651-639-5600
Daytime Phone #

CR2E034 (10/02)

Attachment # P14937/10004304

10. ADDITIONAL DIRECTORS AND PRINCIPAL OFFICERS

NAME	Barbara J. Harer
TITLE	Assistant Secretary
ADDRESS	1970 Oakcrest Avenue
CITY/ST/ZIP	St Paul, MN 55113
NAME	Karen A. Buck
TITLE	VP
ADDRESS	2180 West S.R. 434, Suite 6100
CITY/ST/ZIP	Longwood, FL 32779-5013
NAME	Paul E. Butler
TITLE	VP
ADDRESS	1501 W. Fountainhead Parkway – Suite 480
CITY/ST/ZIP	Tempe, AZ 85282-1937
NAME	David P. DiSera
TITLE	VP
ADDRESS	1970 Oakcrest Avenue
CITY/ST/ZIP	St Paul, MN 55113
NAME	Mary E. Hoeve
TITLE	VP-Secretary
ADDRESS	1970 Oakcrest Avenue
CITY/ST/ZIP	St Paul, MN 5113

Attachment

#P14937 / 10004304

NAME	Richard W. Jacobson
TITLE	VP
ADDRESS	1970 Oakcrest Avenue
CITY/ST/ZIP	St Paul, MN 55113
NAME	Lawrence A. Jentgen
TITLE	VP
ADDRESS	1760 East River Road – Suite 301
CITY/ST/ZIP	Tucson, AZ 85718-5877
NAME	Wilson J. Myers
TITLE	VP
ADDRESS	1357 Kapiolani Blvd. Suite 1130
CITY/ST/ZIP	Honolulu, HI 96814
NAME	Melanie J. Rettie
TITLE	VP
ADDRESS	1970 Oakcrest Avenue
CITY/ST/ZIP	St Paul, MN 55113
NAME	Craig Yokopenic
TITLE	VP
ADDRESS	1970 Oakcrest Avenue