

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 07, 2000 8:00 am
Secretary of State

05-09-2000 90119 004 ***150.00

DOCUMENT # P17917

1. Entity Name

PARTNERSHIP FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

11010 PRARIE LAKES DRIVE
SUITE 150
EDEN PRAIRE MN 55344
US

THREE CAPITAL DRIVE
ATTN: TMO
EDEN PRAIRE MN 55344-3890
US

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

06-1156017

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and fee 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	VD	<input checked="" type="checkbox"/> Delete
NAME	WORING, RANDY	
STREET ADDRESS	11010 PRARIE LAKES DRIVE	
CITY-ST-ZIP	EDEN PRAIRE MN 55344	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHMOND, CH	
STREET ADDRESS	44 OLD RIDGEBURY RD.	
CITY-ST-ZIP	DONBURY CT 06810	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FRELUND, J.K.	
STREET ADDRESS	THREE CAPITAL DRIVE	
CITY-ST-ZIP	EDEN PRAIRE MN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FONELLI, TF	
STREET ADDRESS	44 OLD RIDGEBURY RD.	
CITY-ST-ZIP	DONBURY CT 06810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JADOBS, CHRISTOPHER	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DONBURY CT 06810	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, KS	
STREET ADDRESS	44 OLD RIDGEBURY RD	
CITY-ST-ZIP	DONBURY CT 06810	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manthe, J.L.	
STREET ADDRESS	8400 Normandale Lt. Blvd.	
CITY-ST-ZIP	Bloomington, MN 55437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Delmar M. Boehr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00
4/20/00 **612-828-2052**
Date **Daytime Phone #**

CR2E034 (9/99)