## **FILED** May 22, 2001 8:00 am Secretary of State 05-22-2001 90034 032 \*\*\*150.00

Partr	nership tinancial	services, IV	c V		00 <b>11 1</b> 001		
Principal Pla	ce of Business	Mailing Address			,		
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	,						•
					noo	56219	
	Place of Business	3. Mailing Address	1 , 6			00210	
Suite, Apt	Prairie Lakes Drive	Suite, Apt. #, etc.	ital ur	ive	DO NOT WRITE	IN TUIC COACE	
	e 150	ATTN, TM	10		DO NOT WHITE	IN THIS SPACE	
City_& Sta	te	City & State		4.	. FEI Number	A	pplied For
	Praire, MN	Eden Prain			06-115601	r	lot Applicable
553L	14 Country	55344-3809	Country	5.	. Certificate of Status Desired	\$8.75 Ac	
	6. Name and Address of Current R			<del></del>	Name and Address of New Rec	<u> </u>	
		Name	Name C. T. Corporation System				
	The second secon			Street Address (P.O. Box Number is Not Acceptable)			
			<u> </u>	1200	South Pine I	sland Ka	$\alpha q$
	1		City <b>£</b>	Planto	ation	FL Zip Coo	3°24
8. The above	e named entity submits this statement for t	he purpose of changing its re	gistered office o	r registered a	gent, or both, in the State of Floric		
SIGNATURE	Signature, typed or printed name of registered agent and	Little if poplingble /NOTE P	egistered Agent signat	ture required when	roinetaline	DATE	<del></del> -
	i i i i i i i i i i i i i i i i i i i	·			Tremstating)		
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.     </li> <li>FILE NOW!!! FEE IS \$150.</li> <li>After MAY 1, 2001 Fee will be \$1</li> </ol>					10. Election Campaign Finan		<b>)0</b> May Be
-	ria on back)	. Make Check Payable	-		Trust Fund Contribution.	L' Adde	d to Fees
11.	OFFICERS AND DI	RECTORS	12.		DDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	IS IN 11
TITLE		☐ Delete	TITLE	Seare	etary n H B	☐ Change	Addition
IAME			NAME STREET ADDRESS	Joann	ne L'Manthe Le Capital Briv	e	
STREET ADDRESS			CITY-ST-ZIP	Ikre	1 Prairie MN 5:	53U4	
TITLE		☐ Delete	TITLE	Pres	sident, Dir	Change	Addition
NAME		5000	NAME	Paul	T Bossidy		
STREET ADDRESS			STREET ADDRESS	44 0	d Ridgebury Roai	9	,
CITY-ST-ZIP	, sar	,	CITY-ST-ZIP	Dank	oury Ct 0681		
TTLE IAME		☐ Delete	TITLE NAME	Asst	Treasurer s K Fred Land	☐ Change	☐ Addition
TREET ADDRESS			STREET ADDRESS	Thre	e Capital Brive	e	
CITY-ST-ZIP			CITY-ST-ZIP	FAR	A Possivie MAI S	5344	
TTLE		☐ Delete	TITLE	Vice	President, bir las F Fonelli	☐ Change	Addition
IAME			NAME CTREET ADDRESS	Thom	ias F Forelli	<b>A</b> .	!
TREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	44 01	a kingeburg Ra	-0.	
ITLE		☐ Delete	TITLE	Toon	d Ridgebury Roa oury Ct, 06810 surer, Director	☐ Change	Addition
IAME		55.50	NAME		1 ± 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
TREET ADDRESS	•	•	STREET ADDRESS	44 01	ld Ridgebury R	oad	
ITY-ST-ZIP		П	CITY-ST-ZIP	ban	ld Ridgebury R bury Ct, 06810	)	Addising
itle Iame		☐ Delete	TITLE NAME			☐ Change	☐ Addition
TREET ADDRESS			STREET ADDRESS				
ITY-ST-ZIP			CITY-ST-ZIP				

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.

1. Entity Name

4/27/01 952-828-2052