

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90322 001 ***450.00

DOCUMENT # P18925

1. Entity Name
COMPULIFE INVESTOR SERVICES, INC.

Principal Place of Business

**7325 BEAUFONT SPRINGS DRIVE
 SUITE 301
 RICHMOND VA 23225**

Mailing Address

**7325 BEAUFONT SPRINGS DRIVE
 SUITE 301
 RICHMOND VA 23225**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Route 1261

Suite, Apt. #, etc.

20 Washington Ave. S.

City & State

Minneapolis, MN

Zip

55401

Country

USA

4. FEI Number

54-1439322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, BRUCE 7325 BEAUFONT SPRINGS DR. STE 301 RICHMOND VA 23225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUZMAN, BARBARA 3424 PEACHTREE RD NE, 1900 MONARCH ATLANTA GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, E. PAUL 3424 PEACHTREE RD NE, 1900 MONARCH TWR ATLANTA GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYERS, JON 7325 BEAUFONT SPRINGS DR, SUITE 301 RICHMOND VA 23225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEIBOWITZ, ROGER 7325 BEAUFONT SPRINGS DR, SUITE 301 RICHMOND VA 23225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HASKE, CARLA 7325 BEAUFONT SPRINGS DR, SUITE 301 RICHMOND VA 23225	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & VP Bruce Miller same address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paula Cludray-Engelke 20 Washington Ave. S. Minneapolis MN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & T Jean Lund 400 First St. South, #300 St. Cloud, MN 56301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P & D Randall Ciccatti 400 First Street S # 300 St. Cloud, MN 56301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Valerie Arendell 400 First St. S. #300 St. Cloud, MN 56301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D, AS Kevin Maas 400 First St. S. #300 St. Cloud, MN 56301	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Paula Cludray-Engelke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula Cludray-Engelke 4/16/02

Date

Daytime Phone #

CR2E034 (9/01)