

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P22422**

1. Entity Name

BRW PLANNING, TRANSPORTATION AND ENGINEERING, INC**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90081 008 ***150.00

Principal Place of Business

**700 3 ST SO.
MINNEAPOLIS MN 55415**

Mailing Address

**700 3 ST SO.
MINNEAPOLIS MN 55415**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **41-1625272**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, GLENN	
STREET ADDRESS	1701 GOLF RD, SUITE 100	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOLSFELD, RICHARD	
STREET ADDRESS	2523 MANITOU ISLAND	
CITY-ST-ZIP	WHITE BEAR LAKE MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	AYAZ, SABRI	
STREET ADDRESS	8780 COTTONWOOD DR	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	AMUNDSEN, CRAIG A.	
STREET ADDRESS	5984 ROYAL OAKS DR	
CITY-ST-ZIP	SHOREVIEW MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)