

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91610 030 ***150.00

DOCUMENT # P25696

1. Entity Name

KEY GROUP ADVERTISING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

523 South 8th Street

Suite, Apt. #, etc.

3. Mailing Address

523 South 8th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Minneapolis, MN

City & State
Minneapolis, MN

4. FEI Number

41-1341201

Applied For

Not Applicable

Zip

55404

Country

USA

Zip

55404

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **The Prentice-Hall Corporation System, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street, Suite 105

City **Tallahassee,**

FL

Zip Code
32301

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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	PDCO Dahlberg, Burton F. 523 S. 8th St, Mpls, MN 55404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V London, MaryAnne 523 S. 8th St., Mpls., MN 55404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Engelsma, Bruce W. 523 S. 8th St., Mpls., MN 55404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Engelsma, Daniel W. 4210 W. Old Shakopee Rd, Blmtn MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Goebel, Janice R. 523 S. 8th St., Mpls., MN 55404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Dunleavy, Thomas L. 523 S. 8th St., Mpls., MN 55404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice R. Goebel, Secy

4-15-02

612-332-7281

Date

Daytime Phone #

CR2E034B (12/01)