

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90170 045 ***150.00

DOCUMENT # P28964
 1. Entity Name
OPUS ARCHITECTS & ENGINEERS, INC.

Principal Place of Business: **10350 BREN ROAD WEST MINNETONKA MN 55343**
 Mailing Address: **PO BOX 59110 MINNEAPOLIS MN 55459-0110**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **41-1662283**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (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	VPDS	<input type="checkbox"/> Delete
NAME	ALBERS, JOHN	
STREET ADDRESS	10350 BREN RD. W.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERSON, LARRY D	
STREET ADDRESS	10350 BREN RD. W.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEU, DENNIS E.	
STREET ADDRESS	10350 BREN RD. W.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEDNAROWSKI, KEITH	
STREET ADDRESS	10350 BREN RD. W.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARCLAY, PRISCILLA	
STREET ADDRESS	9700 WEST HIGGINS, SUITE 900	
CITY-ST-ZIP	ROSEMONT IL 60018	
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
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 registered 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 to an address, with all other like empowered.

SIGNATURE: **JOHN ALBERS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **F. 5. 02** Daytime Phone #: **952-656-4464**

CR2E034 (9/01)