2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P33974 Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** CHECK TECHNOLOGY CORPORATION 03-15-2000 90053 011 ***150.00 Principal Place of Business Mailirig Address 12500 WHITEWATER DRIVE 12500 WHITEWATER DRIVE MINNETONKA MN 55343-9420 MINNETONKA MN 55343-9420 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 41-1392000 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. 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 TALLAHASSEE FL 32301 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CFO, UP Addition ☐ Change CD TITLE TITLE ☐ Delete Rob Barniskis NAME REZNICK, ROBERT STREET ADDRESS STREET ADDRESS 4331 W 25TH ST CITY-ST-ZIP CITY-ST-ZIP ST LOUIS PARK MN Change Addition Delete TITLE TITLE. NAME NAME HERMAN, JAY A STREET ADDRESS STREET ADDRESS 12500 WHITEWATER DR CITY-ST-ZIP CITY-ST-ZIP MINNETONKA MN ☐ Change Addition TITLE ☐ Delete TITLE GARRETT, THOMAS A., III NAME NAMÉ STREET ADDRESS STREET ADDRESS 1161 IVY HILLS DRIVE CITY-ST-ZIP CITY-ST-ZIP ST PAUL MN ☐ Change ☐ Addition ☐ Delete TITLE TITLE WOOD, PETER NAME STREET ADDRESS STREET ADDRESS 12500 WHITEWATER DR CITY-ST-ZIP CITY-ST-ZIP MINNETONKA MN ☐ Delete TITLE ☐ Change Addition TITLE NAME SCHILLING, DIETER P NAME STREET ADDRESS STREET ADDRESS 12500 WHITEWATER DR CITY-ST-ZIP CITY-ST-ZIP MINNETONKA MN ☐ Change Delete TITLE ☐ Addition TITLE NAME STEPHENSON, PAUL STREET ADDRESS STREET ADDRESS 12500 WHITEWATER DR CITY-ST-ZIP CITY-ST-ZIP MINNETONKA MN 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #

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.