

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34200

1. Entity Name

INSTITUTE FOR RESEARCH AND EDUCATION INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90056 025 ****61.25

Principal Place of Business

Mailing Address

3800 PARK NICOLLET BLVD
MINNEAPOLIS MN 55416
US

3800 PARK NICOLLET BLVD
MINNEAPOLIS MN 55416-2527
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0961862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HANSON, A. STUART
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS MN 55416

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ANDERSON, RENNER
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS MN 55416

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME JACOTT, WILLIAM
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS MN 55416

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME AMREN, DON
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS MN 55416

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME THOMPSON, WALTER MD
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS MN 55416

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVD ☐ Delete
NAME TOSCANO, JAMES V
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS MN 55416

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-00 612-993-3142

CR2E037 (9/99)