

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34200

1. Entity Name

INSTITUTE FOR RESEARCH AND EDUCATION INC.

Principal Place of Business

3800 PARK NICOLLET BLVD
MINNEAPOLIS MN 55416
US

Mailing Address

3800 PARK NICOLLET BLVD
MINNEAPOLIS MN 55416
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, A. STUART 3800 PARK NICOLLET BLVD. MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, RENNER 3800 PARK NICOLLET BLVD. MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JACOTT, WILLIAM 3800 PARK NICOLLET BLVD. MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMREN, DON 3800 PARK NICOLLET BLVD. MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, WALTER MD 3800 PARK NICOLLET BLVD. MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD TOSCANO, JAMES V 3800 PARK NICOLLET BLVD. MINNEAPOLIS MN 55416	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
500004625385--7 -10/05/01--01075-001 ****236.25 ****236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Curtis P. Sarstrom* Controller 9/12/01 952-993-7606

APPROVED
AND
FILED

01 SEP 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

ap

4. FEI Number

41-0961862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (5/01)

2001-2002 Board of Directors and Officers (6/07/01)

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March 28, 2001

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