

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34428

1. Entity Name

FRESH 1 MARKETING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90081 013 ***150.00

Principal Place of Business ATTN: LEGAL DEPT 8100 MITCHELLE ROAD STE 200 EDEN PRAIRIE MN 55344 US	Mailing Address ATTN: LEGAL DEPT 8100 MITCHELLE ROAD STE 200 EDEN PRAIRIE MN 55344 US
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DO NOT WRITE IN THIS SPACE

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 41-1694669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

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, 2000 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	TD <input type="checkbox"/> Delete
NAME	WIEHOFF, JOHN P
STREET ADDRESS	8100 MITCHELL ROAD #200
CITY-ST-ZIP	EDEN PRAIRIE MN
TITLE	PD <input type="checkbox"/> Delete
NAME	REMPE, MICHAEL
STREET ADDRESS	8100 MITCHELL ROAD #200
CITY-ST-ZIP	EDEN PRAIRIE MN
TITLE	D <input type="checkbox"/> Delete
NAME	GOVEN, GREG
STREET ADDRESS	8100 MITCHELL ROAD #200
CITY-ST-ZIP	EDEN PRAIRIE MN
TITLE	S <input type="checkbox"/> Delete
NAME	GLEASON, OWEN P
STREET ADDRESS	8100 MITCHELL RD., #200
CITY-ST-ZIP	EDEN PRAIRIE MN
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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 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.

SIGNATURE: **Owen P. Gleason** **3/21/00** **612-937-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)