


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90117 018 ***150.00

DOCUMENT # P34428

1. Entity Name
FRESH 1 MARKETING, INC.



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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1694689**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D WIEHOFF, JOHN P**
STREET ADDRESS **8100 MITCHELL ROAD #200**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344-2055**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PD REMPE, MICHAEL**
STREET ADDRESS **8100 MITCHELL ROAD #200**
CITY-ST-ZIP **EDEN PRAIRIE MN**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D GOVEN, GREG**
STREET ADDRESS **8100 MITCHELL ROAD #200**
CITY-ST-ZIP **EDEN PRAIRIE MN**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S GLEASON, OWEN P**
STREET ADDRESS **8100 MITCHELL RD., #200**
CITY-ST-ZIP **EDEN PRAIRIE MN**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T RENNER, TROY A**
STREET ADDRESS **8100 MITCHELL ROAD # 200**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344-2055**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: *Troy Renner* **Renner** 04-30-03 (952) 937-8500

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

CRE034 (10/02)