## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P36387

Entity Name: FAMILY LIFE SERVICES, INC.

FILED Jul 06, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1714 MAIN AVENUE FARGO, ND 58103 US **Current Mailing Address: New Mailing Address:** P.O. BOX 2467 FARGO, ND 581082467 US FEI Number: 45-0410883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIPSCOMB, DOUG 8266 SW 1ST MANOR CORAL SPRINGS, FL 33071 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete DREWES, WAYNE LARSON, PATRICIA PRES Name: Name: 650 1ST AVENUE NORTH Address: 418 12TH STREET NORTH Address: City-St-Zip: FARGO, ND 58102 City-St-Zip: FARGO, ND 58102 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: SHAW, RON VP Address: Address: 4512 PATRIOT DRIVE City-St-Zip: City-St-Zip: BISMARCK, ND 58501 US Title: () Delete Title: ( ) Change (X) Addition WISHNATSKY, MARTIN SEC/TRE Name: Name: 1201 12TH AVENUE NORTH Address: Address: City-St-Zip: City-St-Zip: FARGO, ND 58102 US Title: () Delete Title: ( ) Change (X) Addition PETERSON, GORDON DIR Name: Name: 9500 MINNETONKA BLVD Address: Address: City-St-Zip: City-St-Zip: ST. LOUIS PARK, MN 55426 US Title: () Delete Title: ( ) Change (X) Addition ADAMS, SAM DIR Name: Name: 4212 40TH AVENUE SOUTH Address: Address: MOORHEAD, MN 56560 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MEHL. PAUL DIR Name: Name: Address: Address: 120 17TH STREET EAST #308 WEST FARGO, ND 58078 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN WISHNATSKY S/T 07/06/2002