2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P38636 Mar 02, 2000 8:00 am **Secretary of State** FORTIS INVESTORS, INC. 03-02-2000 90113 038 ***150.00 Mailing Address Principal Place of Business P. O. BOX 64284 P. O. BOX 64284 ST. PAUL MN 55164 ST. PAUL MN 55164-0284 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 41-0944586 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VS ☐ Change ☐ Addition ☐ Delete TITLE TITLE HITE, JOHN E NAME **500 BIELENBERG DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WOODBURY MN 55125 Addition Change □ Delete TITLE NAME KOPPERUD DEAN C. NAME STREET ADDRESS 500 BIELENBERG DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WOODBURY MN Change ☐ Addition ☐ Delete TITLE TITLE HOUGHTBY, CAROL NAME NAME STREET ADDRESS **500 BIELENBERG DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WOODBURY MN ☐ Change Addition TITLE ☐ Delete TITLE BELTZ, ROBERT W JR NAME NAME 500 BIELENBERG DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **WOODBURY MN 55125** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

signature: 2/23/20

UPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/00 <u>(65)</u> 73