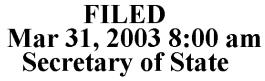
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P38867 **DOCUMENT #** 1. Entity Name NOROUIP | FASING INC



03-31-2003 90214 020 ***150.00

1101190	LL 10,111	G , 1110.		•									
Principal Place of Business 2800 SOUTHCROSS DRIVE WEST BURNSVILLE MN 55306 US				Mailing Address TPO BOX 1341 BURNSVILLE MN 55337 US									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 41-1501721 Applied For Not Applicable					
Zip Country			Zip		Country			5. Ce	ertificate of Status Desired		8.75 Ad	ditional	
_	6. Name	and Address of Current	<u> </u> Registere	d'Agent —		· · · · · · · · · · · · · · · ·		7. Na	me and Address of New Reg		· · · · · · · · · · · · · · · · · · ·		
						Name							
YANES, SERAFIN							Street Address (P.O. Box Number is Not Acceptable)						
10576 SW	8TH STRE	ET					(, , , , , , , , , , , , , , , , , , ,				
MIAMI FL	33154												
(City				FL	Zip Cod	ie	
	named entit		the purp	ose of changing its	registere	ed office or	registere	d ager	nt, or both, in the State of Florid	da. I am fa	amiliar with,	and accept	
OLONIATUDE										٠.		}	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOT	E: Registere	d Agent signat	ure required v	vhen reins	stating)	DATE			
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State						Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.			ADD	ITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS- CITY-ST-ZIP		RYAN HCROSS DR LE MN 55306		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Donald Ita Brach RD PMB 10 Prings Fl 34135	8	☐ Delete						\.^\	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2800 SOU	I, BRADLEY J THCROSS DRIVE W LE MN 55306		Delete			John 2800 Bur	η Γ 5 S 115V	Yanning outheross Dr. 111e MN 553	.w.	Change	* Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP					Change	☐ Addition	
indicated of the cor	l on this repo rporation or t	rt or supplemental report is	true and wered to	accurate and that r execute this report	πy signa as requi	ture shall h	ave the s	ame le:	19.07(3)(i), Florida Statutes. I fugal effect as if made under oa a Statutes; and that my name a	th; that I a	m an officei	r or director	